

TACOMA PUBLIC SCHOOLS – FEEDBACK ON SUBSTITUTE

The information requested below will assist us in our efforts to ensure that all substitute placements are appropriate and productive. Insofar as possible, please base the information on personal observations. In addition, it will be helpful if you share this feedback with the substitute and have him/her sign in the place provided. However, this latter step is optional. A copy will be issued to the substitute.

Certificated Para-Educator Secretary Other (specify) _____

Name of Substitute _____ Today's Date _____

Term of Service: From _____ To _____ Total Number of Days _____

For whom: _____

CERTIFICATED

- Classroom management skill
- Instructional skills
- Interaction with students/staff
- Punctual
- Other (specify)

EXCELLENT	GOOD	AVERAGE	WEAK	N/A

Would you like this substitute in your classroom again? ___Yes ___No

Please comment in detail (specific examples) here regarding any mark in the "Weak" column above:

General Comments: _____

Preceding information was based on: ___Personal observation ___Other feedback (specify) _____

CLASSIFIED

- Ability to relate to students, staff, public
- Ability to follow directions
- Demonstrated initiative
- Knowledge/skills to perform job
- Punctual
- Other (specify)

EXCELLENT	GOOD	AVERAGE	WEAK	N/A

Would you be willing to use this substitute again? ___Yes ___No

Please comment here regarding any mark in the "Weak" column above: _____

General Comments: _____

Preceding information was based on: ___Personal observation ___Other feedback (specify) _____

Prepared by _____ Position _____ Date _____

Principal/supervisor signature_(Required) _____ School _____

Would you like this substitute in your building again? ___Yes ___No

My signature below indicates that I have seen this feedback. It does not necessarily indicate agreement with the feedback.

SUBSTITUTE: You have the option to submit a written response directly to the Administrator. Please also send a copy to Human Resources.

Substitute's Signature (if available) _____ Date _____

Copy sent to substitute (date) _____