TACOMA PUBLIC SCHOOLS SUBSTITUTE FEEDBACK ON ASSIGNMENT

The information requested below will assist us in our efforts to ensure that all efforts are being made by the employee to ensure that the substitute experience is appropriate and productive. Please complete and leave this form with the building/department administrator before leaving work at the end of your assignment.

____Certificated ____Para-Educator ____OP ____Other (specify _____)

Assignment: _____Location:_____

Description of Assignment:_____

Today's Date ____/____/____

Name of Substitute: _____

Term of Service: From ____/____/____ To ____/____/____

CERTIFICATED AND CLASSIFIED

	Excellent	Good	Average	Unsatisfactory
Describe how you were greeted upon arrival				
Was a building map provided to you				
Describe how the students, staff, and parents interacted with you				
Were medical issues of assigned students provided				
Cert only				
Were lesson plans provided				
Was a daily schedule provided				
Was a sub workbook provided				
Was an assistance contact list provided				
Describe students reaction to classroom management				
Other (specify): _____				

Would you like to substitute in this classroom again? ____Yes ____No
Would you like to substitute in this building again? ____Yes ____No

Please comment regarding any mark in the "Unsatisfactory" column above: _____
_____
_____
General Comments: (If additional comment space is needed, please include attachment)_____
_____
_____

Prepared by Substitute:_____Position_____Date_____

Principal/Supervisor signature:_____ Worksite: _____