

# **APPENDIX D**

## **SUBSTITUTE TEACHER EVALUATION FORM**

### **TEACHER REPORT FORM**

**STOCKTON UNIFIED SCHOOL DISTRICT**  
**Department of Human Resources**  
**56 S. Lincoln Street.**  
**Stockton, CA 95203**

**SUBSTITUTE TEACHER EVALUATION**

Name \_\_\_\_\_ Employee ID \_\_\_\_\_

Substituted at \_\_\_\_\_

Site

\_\_\_\_\_ on the following date(s):

Grade and/or Subject

	Positive	Negative
1. Control of Pupils.	<input type="checkbox"/>	<input type="checkbox"/>
2. Teacher instructions, if provided, were followed.	<input type="checkbox"/>	<input type="checkbox"/>
3. Routine matters were given proper attention.	<input type="checkbox"/>	<input type="checkbox"/>
4. Rapport with faculty and staff.	<input type="checkbox"/>	<input type="checkbox"/>
5. Instruction techniques (check only if you have observed in an actual teaching situation or have supporting evidence for your check.)	<input type="checkbox"/>	<input type="checkbox"/>

a The teacher was observed in the classroom: Date \_\_\_\_\_ Time \_\_\_\_\_

Recommendation: Teacher would be more effective in grade level(s) \_\_\_\_\_

Teacher may continue at present site for current school year.  Yes  No

Specific Comments (required)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Substitute Teacher Date \_\_\_\_\_

(If substitute is not available for signature, this evaluation form will be mailed to the substitute's home address within ten working days.)

Signature of Site Administrator: \_\_\_\_\_ Date \_\_\_\_\_

**Note to Administrator:** Evaluations are used as a factor in continuing employment of a substitute teacher, and are therefore recommended on either a commendable or negative performance.

**To the Substitute:** You are entitled to a conference with the principal and have the right to have an S.T.A. representative present. If you wish to have such a conference, you may request it by contacting the principal or S.T.A. within five working days. A conference will be held within ten working days of the request for conference.

**STOCKTON UNIFIED SCHOOL DISTRICT**  
Human Resources  
56 S. Lincoln Street.  
Stockton, CA 95203

**Teacher Report**

Teacher's Name: \_\_\_\_\_ Employee ID \_\_\_\_\_

Substitute's Name: \_\_\_\_\_ Employee ID \_\_\_\_\_

Please complete and return this questionnaire after you return from absence.

1. Depending on availability of substitutes, would you like this substitute again? The District shall honor a teacher's request that a particular substitute not come back to the teacher's classroom.  Yes  No

2. Comments helpful to the substitute:

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The Teacher Report shall not be construed as one of the teacher negative evaluations referenced in Section 22.2.4.

\_\_\_\_\_  
Teacher's Signature

Date \_\_\_\_\_

\_\_\_\_\_  
School Site

\_\_\_\_\_  
Name of Substitute