



SOUTHERN OREGON EDUCATION SERVICE DISTRICT
Substitute Teacher
Performance Feedback Form

Return completed form to: Southern Oregon ESD, Substitute Management Services, Liz Littleton or email to sub_services@soesd.k12.or.us.

SUBSTITUTE: _____ **DATE:** _____

SITE: _____ **ADMINISTRATOR:** _____

SUBBED FOR: _____

YES		NO	If "no", please provide explanation
	Followed substitute plans/prescribed curriculum		
	Followed instructions/directions		
	Completed assigned tasks		
	Demonstrated necessary knowledge, skills, and abilities for the assignment		
	Interacted positively with students, parents, and staff		
	Used appropriated communication		
	Punctual, dependable		
	Dressed appropriately		

COMMENTS: (If additional space is needed, please attach a separate page)

DO YOU RECOMMEND THIS SUBSTITUTE TO RETURN TO THIS SITE? ___ Yes ___ No

ADMINISTRATOR/SUPERVISOR SIGNATURE

DATE

- _____ Placed on "Do Not Call List" for Teacher
- _____ Placed on "Do Not Call List" for School Site
- _____ Placed on "Do Not Call List" for School District