

**STOCKTON UNIFIED SCHOOL DISTRICT**  
**Department of Human Resources**  
**701 North Madison Street**  
**Stockton, CA 95202**

**SUBSTITUTE TEACHER EVALUATION**

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

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

Site

on the following date(s):

Grade and/or Subject

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

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)

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\_\_\_\_\_  
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.