

SUB EVALUATION

Name of Sub _____ Classroom _____ Sub Date(s) _____

Sub Position _____ Name of Evaluator _____

Yes No

1. Is sub punctual?

2. Able to perform job tasks?

3. Appropriate for the position?

4. Works independently or with little direction?

5. Takes direction well?

Yes

No

6. Would you hire this person again?

Yes

No

Overall evaluation _____

Other jobs this sub might qualify for? _____