



## SUBSTITUTE FOLDER AND CAMPUS EVALUATION SHEET

Substitute Teacher's Name \_\_\_\_\_ ID# \_\_\_\_\_

Permanent Teacher's Name \_\_\_\_\_ Grade or Subject \_\_\_\_\_

Date: \_\_\_\_\_ Contact Phone Number \_\_\_\_\_

\_\_\_\_\_ I would like to return to \_\_\_\_\_ (Campus).

\_\_\_\_\_ I would NOT like to return to \_\_\_\_\_ (Campus).

Please explain (You can write additional information on the back)

Please complete the information below and leave at the substitute check in area. Information will be used to help teachers and staff improve in the areas below and will also let them know what they are doing right to help substitutes have a successful day on their campus.

### **Substitute Folder**

Did the folder contain: seating chart, lesson plans, office referral forms, teacher's schedule, daily routine schedule, extra duty information, class rules, etc?

### **Student Behavior**

Please give positive or negative comments regarding student behavior in your class.

### **Campus Staff**

Please leave comments on how you were treated on the campus. Let the campus know what they did to make you feel welcome or what problem(s) occurred, if any.

Other helpful information that would help substitutes be successful on this campus.