

**Belding Area Schools**  
**Substitute Teacher Evaluation**

**Name of Substitute** \_\_\_\_\_ **Date** \_\_\_\_\_

**Teacher** \_\_\_\_\_ **School** \_\_\_\_\_

1. Were lesson plans followed and lesson(s) completed as requested? \_\_\_\_\_

Comments:

2. Were the classroom materials left in an orderly manner? \_\_\_\_\_

Comments:

3. In your opinion, did the substitute make good effort to teach and meet the day's objectives? \_\_\_\_\_

Comments:

4. Please note student comments about the substitute teacher:

Positive:

Negative:

5. Please rate this substitute on a scale of 1 – 10: 1=low, 10=high \_\_\_\_\_

6. Comments

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

*Please return this form to the principal's secretary the day of your return.*