

**SANTEE SCHOOL DISTRICT
CLASSIFIED SUBSTITUTE FEEDBACK**

Guest Teacher's Name _____ Date _____

Teacher's Name _____ Grade Level _____ Site _____

TEACHER'S OBSERVATIONS:

- Please circle the rating score from 1-5 in response to the following statements:

	Unsatisfactory	Fair	Average	Good	Excellent
The substitute followed my instructions.	1	2	3	4	5
All indications show that classroom control was...	1	2	3	4	5
Students had a positive reaction to the substitute...	1	2	3	4	5
My overall experience with this substitute was...	1	2	3	4	5
<i>Please clarify any "fair" or "poor" ratings below:</i>					

Teacher's Signature

PRINCIPAL'S INPUT:

I had an opportunity to observe this substitute.	Yes / No
The substitute demonstrated professional practices with students and staff.	Yes / No
Based on the rating above please tell us if you want this substitute placed on the "Do Not Send" list for your school.	Yes / No
<i>Comments regarding this substitute:</i>	

Principal's Signature
