

**CORTLAND ENLARGED CITY SCHOOL DISTRICT  
SUBSTITUTE EVALUATION**

**Please complete and submit electronically to your building principal.**

Date Substitute Worked: \_\_\_\_\_

Staff Member's Name: \_\_\_\_\_

Substitute Name: \_\_\_\_\_

- |                              |                             |  |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1. Handled the subject matter completely.                |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 2. Followed my instructions satisfactorily.              |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 3. Seemed to have maintained discipline.                 |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 4. Left the room and materials in good order.            |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 5. Would you be satisfied to have this substitute again? |

If you have any concerns about having this substitute again, please comment below and discuss with the appropriate administrator.

Comments:

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Date Submitted: \_\_\_\_\_

For office use:

Yes     No      Arrived on time?

Reviewed by building principal:  Date: \_\_\_\_\_

Reviewed and filed by personnel:  Date: \_\_\_\_\_