## **SUBSTITUTE EVALUATION OF GCC**

Substitute Name

Date(s)

School

Site

Position

Ratings: 1= Excellent 2=Commendable 3=Satisfactory 4=Needs Improvement 5=Unsatisfactory

|    |  | Rating |
|----|--|--------|
| 1. | Aesop  |        |
|    | a. Did you receive all the information you needed for the job                |        |
|    | b. Did you receive an action/lesson plan                                     |        |
|    | c. Did you receive a school site substitute binder                           | Y/N    |
| 2. | School Site Staff  |        |
|    | a. Did you feel welcomed when you arrived                                    |        |
|    | b. Did you feel you received all the information you needed to be successful |        |
| 3. | Did you get a tour, a site map, school bell schedule                         | Y/N    |
| 4. | Was the teacher/employee prepared with instructions or lesson plans          |        |
| 5. | How were your interactions with students                                     |        |
| 6. | If you encountered an issue how was it handled/received                      |        |
| 7. | Would you like to work at this site again                                    | Y/N    |

## **Comments/Suggestions**

Substitute Signature

Date

Job Number

Copies HR School Site Binder