

**Gateway Community Charters**  
**CERTIFICATED LONG TERM SUBSTITUTE EVALUATION**

\_\_\_\_\_  
Name of Substitute

\_\_\_\_\_  
Position Title

\_\_\_\_\_  
School

\_\_\_\_\_  
Site

\_\_\_\_\_  
Start Date of Assignment

\_\_\_\_\_  
Name of Employee Substituting for

\_\_\_\_\_  
End Date of Assignment

Section A: Evaluation By School Administrator/School Site Administrative Assistant

**RATINGS: 1=Excellent 2= Commendable 3=Satisfactory 4=Needs Improvement 5=Unsatisfactory**  
*(Leave rating line blank if not applicable or not observed)*

|   | Rating |
|---|--------|
| 1. Is neat, professional, and appropriate in appearance and demeanor  |        |
| 2. Adheres to GCC and school site policies/curriculum   |        |
| 3. Displays good classroom management skills as per GCC and school site policies  |        |
| 4. Takes appropriate actions regarding student behavior   |        |
| 5. Seeks assistance when necessary and appropriate  |        |
| <i>If you have rated the substitute in any of the above areas with a 4 or 5, please provide suggestions for improvement</i> |        |

Section B: Feedback from Absent Teacher

|  | Yes/No |
|--|--------|
| 1. Attendance was taken  |        |
| 2. Lesson plans appear to have been satisfactorily followed                                    |        |
| 3. Classroom management  |        |
| 4. The classroom and materials were left in good condition                                     |        |
| 5. The substitute provided adequate written feedback   |        |
| 6. Student behavior was appropriately handled (if known by teacher)                            |        |
| 7. Would we welcome the substitute back  |        |
| <i>If you rated "no" in any of the above areas, please provide suggestions for improvement</i> |        |

Section C: Feedback from Students

*Based on physical evidence or student reports, this substitute apparently engaged in the following behaviors during the assignment. PLEASE CIRCLE THOSE THAT APPLY*

Arrived late for class

He/she wasted class time

Did not follow the seating chart

He/she was critical of the school or its staff

Used their cell phone/computer for personal business

Allowed food, gum or drinks, or had his/her own

Did not follow/enforce school policies (CKH)

Left the classroom (students unattended) during class

FOR OFFICE USE ONLY

\_\_\_\_\_  
Rater's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Rater's Signature

\_\_\_\_\_  
HR Representative Name/Signature

Copies: Substitute Employees File   
Substitute