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|  | 10435 Downsville Pike  Hagerstown, MD 21740  301-766-2800 |



**Human Resources Department**

**Substitute Teacher Evaluation Form**

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| **Name of Substitute** | Click here to enter text. |
| **Name of School Administrator** | Click here to enter text. |
| **School** | Click here to enter text. |
| **Grade and/or Subject** | Click here to enter text. |

**Evaluation**

Per Board Policy, the evaluation of substitute teachers is a continuous, cooperative, and constructive process, which involves the substitute, the classroom teacher, and the school administrator.

We do not require a substitute evaluation form for each substitute working in your building. However, in order to ensure that the highest quality and most highly qualified substitutes are consistently available for Washington County Public Schools, school based administrators are asked to take a few minutes to complete and send this form after:

* You have had a substitute working in your school for the first time;
* When there are examples of outstanding or notable performance; and/or
* When there are situations of concern or poor performance.

The areas for evaluation are modeled after the Framework for Teaching. Your feedback on these areas will help us to provide more accurate recommendations to other administrators and to ensure issues of poor performance are addressed quickly.

***Please complete the questions below and send to Pam Thrailkill at*** [***ThraiPam@wcps.k12.md.us***](mailto:ThraiPam@wcps.k12.md.us) ***within two (2) work days of the substitute’s assignment in your school.***

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| **Creates an Environment of Respect and Rapport (Domain II)** | Select one |
| **Manages Student Behavior (Domain II)** | Select one |
| **Communicates with Students (Domain III)** | Select one. |
| **Engages Students in Learning (Domain III)** | Select one. |
| **Demonstrates Flexibility and Responsiveness (Domain III)** | Select one. |
| **Shows Professionalism (Domain III)** | Select one. |
| **Other Comments** | Click here to enter text. |

It is critical that Human Resources receive these evaluations regardless of the substitute’s performance.

**Recommendations**: *Please check* ***all*** *that apply.*

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|  | I recommend that this substitute teacher be kept on the approved substitute list for the school listed above. |
|  | I do not recommend that this substitute teacher be kept on the approved substitute list for the school listed above. |
|  | I have discussed this evaluation with the substitute and have given suggestions for growth and improvement. |

Click here to enter a date.

**Signature of School Administrator Date**