



Sequim School District No. 323

Engage Empower Thrive

503 N Sequim Ave, Sequim, WA 98382

Telephone: (360) 582-3260, FAX: (360) 683-6303

SUBSTITUTE OBSERVATION FORM

It is our goal to provide our school sites and departments with the best possible substitutes to fit the needs of the program. To help us reach this goal, we need to receive feedback from you about a substitute's performance. This form is a tool to communicate to us outstanding work performance, as well as inadequate service. We ask that the appropriate individual(s) complete this form, indicating specific examples of the work performance of the substitute. Please submit completed forms to the Substitute Coordinator in Human Resources in a timely manner, and no later than 10 working days after substitute has completed his/her assignment.

Name of Substitute

Date(s) substitute worked at your site/department

Name of School/Department

Certificated Teacher Para Custodian Secretary Transportation Other (Specify) _____

To be completed by classroom teacher, school secretary or designated supervisor:

- | | Yes | No |
|-----------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Did the substitute arrive to assignment on time? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Did the substitute follow directions and/or school procedures? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Did the substitute successfully complete assignment(s)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Did the substitute leave an adequate report of the day's activities? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Please rate your overall satisfaction with the substitute's performance. | (1=poor, 10=excellent) | |

Comments: *(Required if "no" is checked above)*

Completed by

Title

Date

To be completed by administrator

- | | Yes | No |
|--------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Did you observe this substitute working? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Did you speak/communicate with this substitute? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Would this substitute be acceptable to work in your school again?
<i>(if No, please explain)</i> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: *(Required if "no" is checked above)*

Signature of Principal/Director

Date