

COMMUNITY ACTION OF SOUTHEAST IOWA
EARLY HEAD START /HEAD START
SUBSTITUTE EVALUATION

Substitute name: _____

Date subbed: _____

Teacher's name: _____

Please fill out the following evaluation. We welcome your comments about their performance and ask that you be as descriptive as possible. When you have completed this form, please send it to your Education Manager/Coordinator. Please complete evaluations on a regular basis. (if a sub has not been in your room for a long time, then you will need to complete a new evaluation on them when they return to your room)

Circle the number below the statement that best describes this subs performance in your classroom today with 1 indicating "poor", 3 indicating "average" and 5 indicating "excellent".

- Moves throughout the room or any learning environment communicating/interacting with children at their level.

1 2 3 4 5

- Communicates with children in an appropriate voice tone.

1 2 3 4 5

- Uses developmentally appropriate conversations with children.

1 2 3 4 5

- Follows through with instructions/directions given by teachers.

1 2 3 4 5

- Dependability: arrives on time, calls ahead when needing to cancel.

1 2 3 4 5

- Adheres to Head Start rules and regulations including safety and confidentiality.

1 2 3 4 5

Is this a substitute that you would like back to sub in your room? Please circle the number of your choice.

1. Yes, with no reservations.
2. Yes, with some concerns.
3. No

Comment below:

Teacher signature: _____