



EVALUATION OF GUEST TEACHER FORM

To be completed by classroom teacher and/or principal

Guest Teacher's name: _____

School Site: _____ Subject/Grade _____

Teacher subbed for and date: _____

Appropriate/professional attire	YES	NO
Written instructions provided by classroom teacher were completed according to instructions left	YES	NO
Left room in an orderly condition	YES	NO
Arrived on time, observed school schedule	YES	NO
Observed and adhered to school rules	YES	NO
Appropriate classroom management	YES	NO
Positive, approachable, and professional attitude during assignment	YES	NO
Comments:		

Rating: please circle: EXCELLENT SATISFACTORY UNSATISFACTORY
Other feedback:

This information was provided by:

Employee submitting evaluation

Principal (site administrator)

Date: _____

Contact efforts: Dates and methods attempted to contact GT:
