

**CARLSBAD UNIFIED SCHOOL DISTRICT
SUBSTITUTE EVALUATION FORM**

Please complete this form and return it to the SubFinder Desk

Substitute's Name _____

Date/s Substitute Worked: _____ Site: _____

Subfinder Job #: _____ Position: _____

Attendance/Punctuality: _____ Excellent (on time/early; very reliable) _____ Acceptable (Mostly on time, reliable) _____ *Unacceptable (Did not show up at expected time). Comment: _____ _____

Quality/Quantity of Work: _____ Excellent (completed or exceeded expectations) _____ Acceptable (Accomplished standard assignment) _____ *Unacceptable (Did not complete/poor work standards). Comment: _____ _____

Public Relations/Professionalism: _____ Excellent (courteous, pleasant, worked well with students/employees) _____ Acceptable (reasonably pleasant, helpful) _____ *Unacceptable (unpleasant/uncommunicative) Comment: _____ _____
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General Comments in addition to above: _____

***Specific Comments** if evaluation is **Unacceptable**: _____

Do you wish this Substitute to be added to: My **personal preference** list: _____ Yes _____ No
The **site's preference** list _____ Yes _____ No
Do you wish this Substitute to be added to: My **personal exclusion** list: _____ Yes _____ No
The **site's exclusion** list _____ Yes _____ No _____ *(If yes, this form
be must be signed by the Site Administrator)*

_____ This evaluation is simply for comments. No preference or exclusion is needed.

Employee Administrator Date