

MISSION CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

Substitute Teacher Poor Performance Report

Substitute Teacher's Name: _____ ID#: _____

Date Substituted: _____ Teacher Substituted for: _____

Grade/Subject: _____ Campus: _____

I hereby document the poor performance of the above named substitute in one or more of the following areas:

_____ The substitute teacher does not report to work on time

_____ The substitute teacher displays poor grooming or inappropriate dress

_____ The substitute teacher does not supervise the students outside the classroom setting as needed

_____ The substitute teacher does not perform assigned duties (bus duty, lunchroom, etc.)

_____ The substitute teacher does not demonstrate competency in classroom management

_____ The substitute teacher does not demonstrate competency in content area

_____ The substitute teacher does not maintain effective communication with students

_____ The substitute teacher does not maintain an orderly environment for learning

_____ The substitute teacher does not follow the teacher's lesson plans

_____ The substitute teacher does not assist students in small group activities

_____ The substitute teacher does not demonstrate appropriate behavior with students (professionalism)

Comments:

Principal's Signature: _____ Date: _____

(A copy will be provided to the Substitute Teacher)