Regular Teacher Feedback Form for Substitutes

(Share with Teacher and/or School Administrator)

Substitute’s Name __________________        Teacher’s Name _______________________

School____________________________         Date(s)    _______________________

Directions: Please circle the appropriate response

1. Lesson plans were followed
   Agree       Don’t Know       Disagree

2. Teacher followed schedule
   Agree       Don’t Know       Disagree

3. The classroom was left neat and clean
   Agree       Don’t Know       Disagree

4. Student discipline was handled effectively
   Agree       Don’t Know       Disagree

5. I would have this teacher for a substitute again
   Agree       Don’t Know       Disagree

1. Students completed all assignments
   Agree       Don’t Know       Disagree

2. As far as I am aware, the substitute teacher handled her responsibilities professionally.
   Agree       Don’t Know       Disagree

Comments:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________