



**Rockford Public Schools  
Guest (Substitute) Employee Evaluation**

Guest Employee \_\_\_\_\_ Job Number \_\_\_\_\_

Assignment Location/Grade/Subject \_\_\_\_\_

Absent Employee \_\_\_\_\_ Assignment Date(s): \_\_\_\_\_

	YES	NO	Comments
Arrived/Left on Time			
Exhibited Professional Demeanor			
Appropriate Attire			
Lesson Plans Followed (Teacher)			
Completed Guest Teacher Report (Teacher)			
Exhibited Classroom OR Office Management Skills			

ASSIGN IN THE FUTURE: YES  NO   
 ADD TO PRIORITY LIST: YES  NO

*Please provide any comments below. If possible, please discuss any unsatisfactory allegations with the guest employee.*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Absent Employee Signature \_\_\_\_\_ Date: \_\_\_\_\_

Principal Signature \_\_\_\_\_ Date: \_\_\_\_\_

*\*Please submit all Guest Employee Evaluations to the Human Resources Department.*