SAN DIEGO CITY SCHOOLS
Human Resource Services Division

CLASSIFIED SUBSTITUTE PERFORMANCE REPORT (CLASSROOM)

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A. CLASSIFIED SUBSTITUTE COMPLETES:

1. Name: _____	2. Telephone: _____
3. Position (ie., IBT, SET, SEA, CDA): _____	4. Employee ID#_____ **(Required)**
5. School/Site: _____	6. Substitute for: _____
7. Program: _____	8. Date(s) of assignment: _____

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B. SITE ADMINISTRATOR COMPLETES:

Scale: 1 – Superior; 2 – Satisfactory; 3 – Unsatisfactory; 4 – Not observed

NOTE: For each area marked unsatisfactory (3); please provide a narrative explaining the specific performance deficiencies.

1. (☐) Communication skills, oral and written: carries out verbal/written instructions/follows schedule.
2. (☐) Accepts and follows directions willingly.
3. (☐) Effectiveness with pupils: relates to students in a positive, respectful manner.
4. (☐) Interpersonal working relationships: works and relates well with others.
5. (☐) Observance of work hours: dependable and punctual attendance.
6. (☐) Operation and care of equipment/material: takes responsibility for careful use.
7. (☐) Productivity/quality of work: completes acceptable level of quality work.
8. (☐) Initiative: works well with minimal direction, does what needs doing.

COMMENTS: _____

_____

_____

OVERALL PERFORMANCE (☐) Superior (☐) Satisfactory (☐) Unsatisfactory*

* For an unsatisfactory evaluation, it is recommended, if reasonably possible, that a conference be held between the evaluating administrator and the classified substitute.

- Date of conference: _____
- DO NOT assign again to (☐) teacher's classroom (☐) school site

Signature of Administrator/Supervisor, or Teacher: _____

Title: _____ **Date:** _____

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Submit Form To The Following Link (Click To Open Page): DriveUploader Folder

A copy of all superior and/or unsatisfactory evaluations will be sent to the substitute employee by HRSD.