RESERVE TEACHER ASSESSMENT

To be completed by principal or assistant principal:

Name of Reserve Teacher: _______________________ School: _______________________

Date(s) of observation: ______________________________ Number of days: _______

Grade or Subject:
___________________________________________________________________________

Your opinion of teacher's success:       PLEASE CIRCLE ONE
Satisfactory     Unsatisfactory*

The following assessment is based on ________________ minutes of observation.

COMMENTS:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

________________________________________
Principal or Assistant Principal Signature

To be completed by Reserve Teacher:                            YES     NO

1.  Did you receive instructions from the school office upon arrival?   _____  _____
2.  Was a seating chart or class list available?      _____  _____
3.  Were lesson plans available?                   _____  _____

COMMENTS:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Date ____________________                                     ___________________________
Reserve Teacher Signature

*If an Unsatisfactory rating is given, the evaluator must attach written reason and recommendations for improvement.

1 copy to Human Resources Dept    1 copy to School office      1 copy to Reserve Teacher office     1 copy to DCRT