


SUBSTITUTE STAFF FEEDBACK FORM

SUBSTITUTE STAFF FEEDBACK—GCG-E/GCGB-E		
<p>Please complete a feedback form for a substitute teacher/clerk/educational assistant under the following situations:</p> <ul style="list-style-type: none"> If a substitute has been in the school for three to five consecutive days Any time there is an incident of concern Any time there is an opportunity to provide positive comments <p>If you have a concern, your school administrator must meet and communicate this with the substitute before this form is forwarded to the human resources department. Have you met with the substitute to communicate your concern?</p>		
<input type="checkbox"/> Yes	Date of meeting: Click here to enter a date	
Type of substitute:	<input type="checkbox"/> Teacher <input type="checkbox"/> Clerk <input type="checkbox"/> Educational assistant	
Substitute's name:	School: Select one	
Number of continuous days:	Person replaced:	
Basis of administrator's comments:	<input type="checkbox"/> Visit to classroom <input type="checkbox"/> Casual observation <input type="checkbox"/> Other	
Comments:		
How would you rate this substitute's performance at your school?		
<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Unsatisfactory		
Comments:		
Would you consider this substitute for an extended assignment at your school? Please give reasons.		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Comments:		
_____ Administrator signature		_____ Date
<p>Please return this form to the assistant superintendent of human resources.</p>		
<div style="border: 1px solid black; padding: 2px; font-size: small;"> Page 1 of 1 Policy GCG—Substitute Professional Staff (Effective: April 5, 2005) </div>		

Effective Date: April 5, 2005
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 Legal/Cross Reference:

Review Date: