

Lockport Area Special Education Cooperative
DAY-TO-DAY SUBSTITUTE PARAPROFESSIONAL EVALUATION FORM

Name of Substitute Paraprofessional: _____ Date(s) Substitute covered: _____

Program: _____ Grade: _____

Section A: To be completed by classroom teacher

RATINGS:
 1= Excellent 2 =Satisfactory 3= Unsatisfactory

<u>Performance Criteria</u>	<u>1</u>	<u>2</u>	<u>3</u>
Arrived on time, observed school schedule.			
Competent in the reinforcement of skills			
Shows initiative in completing class activities			
Follow teacher directives promptly and appropriately			
Exhibited favorable attitude while substituting			
Established positive rapport with staff			
Overall summary of performance			

Comments:

Classroom Teacher's Signature _____ Date _____

SECTION B: Administrator Recommendation

Based on the information provide above, it is recommended that this substitute teacher:

- Be retained and provided the opportunity to improve
- DNR- Do Not Return

Coordinator's Signature _____ **Date** _____

