



SUBSTITUTE TEACHER ASSIGNMENT EVALUATION

Kenmore-Town of Tonawanda Union Free School District

Substitute Teacher: _____ Work Date(s) _____

Classroom Teacher: _____ School _____

Please answer the following questions and return this form to the main office of the school in which you substituted or to the Department of Human Resources.

1. Were you provided with adequate lesson plans? Yes No
2. Were you provided with the materials necessary to teach the lesson plans? Yes No
3. Were you provided with a class and/or a teacher schedule? Yes No
4. Were you provided with a class list(s) and seating chart(s)? Yes No
5. Were you given a list of students with special needs and provided with the resources to address those needs? Yes No
6. Were you treated in a professional and helpful manner by staff and teachers? Yes No
7. Did you encounter any problems about which the teacher and/or principal should know?

8. Please add any other information that you think would be helpful.
