



WASHOE COUNTY SCHOOL DISTRICT
Office of Human Resources

Unsatisfactory Substitute Evaluation Form
(PLEASE RETURN TO SUBSTITUTE SERVICES)

Please be advised that this evaluation may be sent to the substitute for response and may be placed in the substitute file for review by district administrators. *This form must be assessed by the administrator before being returned to Substitute Services.*

SCHOOL	SUBSTITUTE'S NAME (Please Print)

Please provide your comments and observations/specific examples of the substitute's unsatisfactory performance (continue on additional sheets if necessary).

TEACHER or STAFF NAME (Please Print)	GRADE/SUBJECT
	DATE OF ASSIGNMENT

TEACHER or STAFF SIGNATURE

TO BE COMPLETED BY SCHOOL ADMINISTRATOR ONLY

Follow-up comments: _____

Do not return sub to classroom Do not return sub to school* Discussed with sub

***IF THIS UNSATISFACTORY EVALUATION CONTAINS ANY ALLEGATIONS OF INAPPROPRIATE CONDUCT WITH STUDENTS, PLEASE ATTACH DETAILED STATEMENTS OF WHAT OCCURRED, WITNESS STATEMENTS, AND POLICE REPORTS.**

_____ ADMINISTRATOR'S SIGNATURE ADMINISTRATOR'S NAME (PLEASE PRINT)