Southwest Cook County Cooperative Association for Special Education

SUBSTITUTE PERFORMANCE RECORD

Complete the following form to share performance information regarding a substitute. Completed forms should be turned into the Substitute Coordinator.

_____ _____ ☐ Teacher ☐ Paraeducator

Name of Substitute **Date**

_____ _____ _____

Program **Site** **Employee Absent**

Employment Expectations	Satisfactory	Needs Improvement	Comments
Punctuality			
Following Directions/Plans			
Appropriate use of language			
Performed duties as assigned			
Rapport with students			
Rapport with staff			

Additional Comments:

☐ I would like this substitute called again for this site.
☐ I would prefer this substitute not be called again for this site.

_____ _____

Signature of Employee **Date** **Signature of Supervisor** **Date**

CC: Assistant Director