

BOONE COUNTY SCHOOLS

SERVICE PERSONNEL SUBSTITUTE ASSESSMENT REPORT

Assessments through the year for all schools will be used to identify potential weakness/strengths and/or training needs.

Section 1: To be completed by the substitute

Your Name: _____ Dates covered by this form: _____

1. How often have you worked at this school as a substitute?

First time

2-5 times

Over 5 times

2. Were you given work assignments either written or orally? (Did you know what was expected?)

Yes

No

Comment? _____

3. Were you able to complete the tasks assigned to you?

Yes

No

Comment? _____

Section 2: To be completed by the school principal

1. Name of School: _____

2. Did the substitute report to work on time? Yes No

3. Was the substitute dressed appropriate to work in a school? Yes No

4. Was the substitute cooperative? (Willing to perform tasks) Yes No

5. Was the substitute effective? (Able to perform tasks) Yes No

6. Was the substitute effective? (Stayed on task) Yes No

7. Did the substitute display appropriate sanitation habits? (Cooks only) Yes No

8. Did the substitute practice safe work habits? Yes No

(Guideline for cooks:
Neat and clean pants,
scrub top/polo shirt, white
shoes, and hairnet)

Comments: _____

Signature of Principal: _____ Date: _____

**Please make a copy for your files.
Send the original in an envelope marked CONFIDENTIAL” to Deborah Fairchild at the
Central Office.**