

**NORTH SYRACUSE CENTRAL SCHOOL DISTRICT  
SUBSTITUTE EMPLOYEE EVALUATION**

NAME OF EMPLOYEE \_\_\_\_\_ DATE HIRED \_\_\_\_\_

EVALUATION NO. \_\_\_\_\_ DATE \_\_\_\_\_

LOCATION \_\_\_\_\_

DIRECTIONS TO EVALUATOR. After careful observation and consideration, please circle the number that most nearly represents, in your judgement, the rating of the above named employee.

KEY (1) BELOW STANDARD  
(2) NEEDS IMPROVEMENT  
(3) SATISFACTORY - MEETS ACCEPTABLE STANDARD  
(4) ABOVE AVERAGE

- |    |   |   |   |   |   |
|----|---|---|---|---|---|
| 1. | Ability to do work  | 1 | 2 | 3 | 4 |
| 2. | Works cooperatively and willingly   | 1 | 2 | 3 | 4 |
| 3. | Works regularly and steadily, in on time and leaves at the scheduled time | 1 | 2 | 3 | 4 |
| 4. | Shows initiative - moves to next job without delay                        | 1 | 2 | 3 | 4 |
| 5. | Ability to get along with others; staff, students and community           | 1 | 2 | 3 | 4 |
| 6. | Appearance  | 1 | 2 | 3 | 4 |

Comments / Goals \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

A. Do you recommend continued employment of the employee at substitute status?  
Yes \_\_\_\_\_ No \_\_\_\_\_

B. Would you recommend consideration of this employee for a part time or full time position with the district?  
Yes \_\_\_\_\_ No \_\_\_\_\_

_____ Shift Supervisor	_____ Date	_____ Employee	_____ Date
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_____ Head Custodian	_____ Date	_____ Custodial Supervisor	_____ Date
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