



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. *The administrator must review this form before returning it to Substitute Services at SubOffice@washoeschools.net*

SCHOOL	SUBSTITUTE'S NAME (Please Print)

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

TEACHER'S NAME (Please Print)	GRADE/SUBJECT	DATE OF ASSIGNMENT

TEACHER'S SIGNATURE

TO BE COMPLETED BY SCHOOL ADMINISTRATOR ONLY

Follow-up comments: _____

☐ Do not return the sub to the 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)