

**SCHEDULE I**

**GUEST TEACHER EVALUATION**

Guest Teacher's Name \_\_\_\_\_

Date of Assignment \_\_\_\_\_

Teacher's Name \_\_\_\_\_

	<u><b>SATISFACTORY</b></u>	<u><b>UNSATISFACTORY</b></u>
Follows Lesson Plans	_____	_____
Provides Report for Principal/Teacher	_____	_____
Student Discipline	_____	_____
Positive Student Relations	_____	_____
Positive Peer Relations	_____	_____
Carries Out Assigned Duties	_____	_____

**COMMENTS:** (Areas checked unsatisfactory are clarified under comments.)

Would you recommend this guest teacher remain on the calling list?                      Yes                      No

Would you recommend this guest teacher for long-term assignments?                      Yes                      No

\_\_\_\_\_  
Principal (Please print)

\_\_\_\_\_  
Building

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Conference Date

\_\_\_\_\_  
Guest Teacher Signature (Your signature does not signify agreement; it indicates a conference has been held.)