

CAVIT School District

Substitute Performance Review (to be filled out by teacher and given to Superintendent)

| | | | |
|--|-------------|------------------------------|------------------|
| Sub Name | | Date of Sub Visit | |
| CAVIT Program | | CAVIT Session (1, 2 or 3) | |
| | | | |
| | 4=Excellent | 3=Satisfactory | 2=Fair 1=Poor |
| Was the lesson plan followed? | | | |
| Was there classroom management? | | | |
| Overall rating of sub with subject matter. | | | |
| | | Yes | No |
| Was the sub on time? | | | |
| Would you want this sub to return to your classroom? | | | |
| | | | |
| Comments | | | |
| Teacher's Name | | | |
| Teacher's Signature | | Date | |

