

Capitan Municipal Schools  
Capitan, New Mexico

# Substitute Performance Report

**Substitute Name:** \_\_\_\_\_  
Last First

**Substitute for:** \_\_\_\_\_  
Regular Teacher  
\_\_\_\_\_  
School Grade or Subject

**Regular Teacher** - please assess the work of the substitute below:

1. Did the substitute follow:  
\_\_\_\_\_ Lesson Plans  
\_\_\_\_\_ Classroom Management Plan  
\_\_\_\_\_ Appropriate employee behavior.

Comments:  
\_\_\_\_\_  
\_\_\_\_\_

2. Did the substitute use appropriate materials?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Comments:  
\_\_\_\_\_  
\_\_\_\_\_

General Comments:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Regular Teacher Signature** **Date**

General Comments:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Building Secretary Signature** **Date**

General Comments:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Principal Signature** **Date**

**Form needs to be returned to the Administration Office after completion.**