

SUBSTITUTE SERVICE PERSONNEL REPORT

FORM 551A REVISED 7/17/2019



ROANE COUNTY
SCHOOLS

This report should be completed each time a substitute service personnel serves in an assignment. One form may be used for consecutive days served in the same position. A report should be completed at least once every ten working days for long-term substitutes. Completed forms should be submitted to the Superintendent.

DAY-TO-DAY ASSIGNMENT LONG-TERM ASSIGNMENT

SUBSTITUTE INFORMATION

NAME _____

DATE(S) WORKED _____

ASSIGNMENT
(regular employee
or position / shift) _____

Geary Walton Spencer Elementary
 Spencer Middle RCHS Transportation

CLASSROOM REPORT

This portion should be completed by the regular employee substituted for day-to-day assignments or an administrator for long-term assignments.

WERE DUTIES AND TASKS ADEQUATELY COMPLETED? Yes No

WAS THE WORK STATION LEFT IN GOOD ORDER? Yes No

DID THE SUBSTITUTE MAKE A SATISFACTORY REPORT OF THE DAY'S ACTIVITIES? Yes No

FROM ALL INDICATIONS, WAS INTERACTION WITH OTHER STAFF SATISFACTORY? Yes No

WERE LOGS AND OTHER RECORDS KEPT ACCURATELY? Yes No

DID COLLEAGUES PROVIDE FEEDBACK ABOUT THE SUBSTITUTE? Yes No

Signature of person completing this portion

Date

ADMINISTRATOR EVALUATION

This portion should only be completed by an administrator.

ATTENDANCE / PUNCTUALITY Excellent Good Satisfactory Unsatisfactory Not applicable

PERSONAL APPEARANCE
(see RCBOE Policy 543) Excellent Good Satisfactory Unsatisfactory Not applicable

COOPERATIVE ATTITUDE Excellent Good Satisfactory Unsatisfactory Not applicable

COMMENTS _____

ADMINISTRATOR RECOMMENDATION

I recommend that this substitute be assigned to this school again

without reservations. with reservations.

I do not recommend that this substitute be assigned to this school again. (Comments required)

Signature of administrator

Date

CENTRAL OFFICE USE ONLY

DATE RECEIVED _____ BY _____

DATE TRANSMITTED TO SUBSTITUTE _____

SUBSTITUTE SERVICE PERSONNEL FEEDBACK

FORM 551B REVISED 7/17/2019



**ROANE COUNTY
SCHOOLS**

Feedback should be submitted each time a substitute service personnel serves in an assignment. One form may be used for consecutive days served in the same position. Feedback should be completed at least once every ten working days for long-term substitutes. Completed forms should be submitted to the Superintendent.

DAY-TO-DAY ASSIGNMENT LONG-TERM ASSIGNMENT

SUBSTITUTE INFORMATION

NAME _____

DATE(S) WORKED _____

ASSIGNMENT
(regular employee or position / shift) _____

Geary Walton Spencer Elementary
 Spencer Middle RCHS Transportation

HOW WERE YOU NOTIFIED OF THIS ASSIGNMENT? Automated Call Administrator Contact Teacher Contact Other _____

CLASSROOM REPORT

DID SOMEONE GREET YOU WHEN YOU ENTERED THE BUILDING / WORK STATION? Yes No

WERE YOU MADE AWARE OF THE SCHOOL'S EMERGENCY PLAN AND PROCEDURES? Yes No

DID SOMEONE ESCORT YOU TO YOUR ASSIGNED CLASSROOM / WORK STATION? Yes No

DID AN ADMINISTRATOR VISIT YOU DURING THE SHIFT? Yes No

WAS THE CLASSROOM / WORK STATION IN GOOD ORDER WHEN YOU ARRIVED? Yes No

WERE COLLEAGUES HELPFUL IN UNDERSTANDING DUTIES AND TASKS? Yes No

WAS A SHIFT SCHEDULE MADE AVAILABLE TO YOU? Yes No

WAS IT CLEAR HOW MATERIALS, KEYS, ETC., WERE TO BE LEFT AT THE END OF THE DAY? Yes No

WERE DUTIES AND TASKS MADE CLEAR TO YOU? Yes No

RETURN TO THIS SCHOOL / WORK STATION

COMMENTS _____

I wish to be assigned to this school / work station again

without reservations. with reservations.

I do not wish to be assigned to this school / work station again. *(Comments required)*

Signature of substitute teacher

Date

CENTRAL OFFICE USE ONLY

DATE RECEIVED _____ BY _____

DATE TRANSMITTED TO ADMINISTRATOR _____