



North East Independent School District

Human Resources Department

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www.neisd.net

SUBSTITUTE PARAPROFESSIONAL EVALUATION

Substitute Paraprofessional's Name (Print): _____

Classroom Paraprofessional's Name (Print): _____

Campus: _____ Subject: _____ Grade: _____

Substitute's Job Date(s): _____

Instructions: For each of the items below, **circle the descriptor** that most closely represents the substitute's performance. Please include your comments below. This will be helpful in providing feedback on the paraprofessional's performance.

4 = Strongly Agree 3 = Agree 2 = Disagree 1 = Strongly Disagree N/A= Not Applicable

1. The substitute paraprofessional followed the instructions that you provided. 4 3 2 1 N/A

2. Assignments given were completed in a timely manner. 4 3 2 1 N/A

3. The substitute paraprofessional used good judgement in carrying out assigned tasks. 4 3 2 1 N/A

4. Would you request this substitute paraprofessional in the future? ___ Yes ___ No

5. Did the substitute follow district policy in regards to professional appearance and communication skills? ___ Yes ___ No

How would you rate the overall performance of this substitute? (Please check one)

___ Excellent ___ Good ___ Average ___ Below Average ___ Poor

Comments: _____

Evaluator's Name: _____

Evaluator's Signature: _____ Date: _____

Original to Human Resources Dept.

Copy to Principal