

SANTA FE ISD Substitute Teacher Level Increase Request Form

Substitute Teacher Name			
Contact Number			
Current Substitute Level			
Requesting an increase to Level			
I have completed days as a Level substitute, have obtained 5 positive evaluation			
forms from different assignments during the 20 20 school year., and am requesting a			
level increase for the 20 20 school year.			
Signature Date			
Jighature Date			
Note:			
Note: Substitute Teachers with approved level increases will begin the following school year at the			
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SANTA FE I.S.D.Substitute Teacher Evaluation Teacher Form

Substitute Teacher Name		
Classroom Teacher Name		
Assignment Date(s)		
Campus		
Please rate the substitute's performance for each item using the following sc	ale:	
1 = Below Expectations 2 = Met Expectations 3 = Exceeded Expectation	ons	
Follows campus/classroom procedures as outlined		
Shows respect and courtesy to staff and students		
Effectively understands and implements lesson plans left by teacher		
Effectively manages classroom and student behavior		
Leaves classroom facilities in acceptable order at the end of the day		
Communication left for the teacher regarding student behavior, assignments,	etc.	
Comments/Concerns:		
Check One: This substitute is RECOMMENDED to return to my classroom.		
This substitute is NOT RECOMMENDED to return to my classroom.		
Teacher Signature Date		



SANTA FE I.S.D.Substitute Teacher Evaluation Administrator

Substitute Teacher Name	
Classroom Teacher Name	
Assignment Date(s)	
Campus	
Please rate the substitute's performance for each ite	m using the following scale:
1 = Below Expectations 2 = Met Expectations 3	3 = Exceeded Expectations
Arrives on time	
Appearance is in compliance with SFISD Dress Co	ode
Shows respect and courtesy to staff and students	
Follows SFISD and campus policies and procedure	rs
Effectively manages classroom and student behavior	or
Maintains a sincere, friendly attitude	
Represents the campus and district in a positive wa	y to students, staff and the community
Comments/Concerns:	
Check One: This substitute is RECOMMENDED to return to my can	mpus.
This substitute is NOT RECOMMENDED to return to n	ny campus.
Principal Signature	Date