



# willSub Employee Assignment Evaluation

Your Name

Name of School

Building/Program

Room and Grade (If Applicable)

Email

Work Phone #

willSub Employee Name

Position willSub Employee Assigned to:

Assignment Date

Assignment End Date

Lesson Plans Were Implemented(If Applicable)?

Accurate Records Kept (If Applicable)?

Room/Work Station/Facility Was Left In Order?

Appropriate Learning Environment Maintained (If Applicable)?

I Would Welcome This willSub Employee Back

Please Rate The willSub Employees' Performance (1 Being Poor/10 being Excellent)

Additional Comments

Administrators Name

Date

Email Address

Contact Number

*Please email this form to [hr@pcmiservices.com](mailto:hr@pcmiservices.com) and print a copy for your records. Thank you!*