

**GUEST TEACHER PERFORMANCE  
EVALUATION  
Traverse City Area Public Schools  
(Please return to the Human Resources Office)**

\_\_\_\_\_  
(Guest Teacher Name)

\_\_\_\_\_  
(Grade/Subject)

\_\_\_\_\_  
(School assignment took place)

\_\_\_\_\_  
(Date of assignment)

My evaluation of the guest/substitute teaching services performed is as follows:

- Excellent
- Good
- Satisfactory
- Unsatisfactory

Comments:

\_\_\_\_\_  
(Teacher Name/Signature)

\_\_\_\_\_  
(Date)