



St. James Assiniboia School Division  
2574 Portage Avenue, Winnipeg, MB R3J-0H8  
Tel: (204)888-7951 Fax: (204) 831-0859

59633

### Substitute Teacher Reference Form

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

This applicant named has applied for a substitute teaching position with the Division and has requested that you complete this form and return it to the Board Office as soon as possible. Thank-you.

**KEY:      A – Excellent                      B – Good                      C – Satisfactory                      D - Unsatisfactory**

#### **PART A**

1. Effectiveness of Teaching:
2. Presentation of Lessons (subject knowledge, preparation, differentiated instruction strategies, etc.):
3. Lesson follow-up (corrections of assignments, etc.):
4. Teacher/Pupil relations (interest in students, willingness to assist students out of school hours, etc.):
5. Initiative (new ideas, new methods, project work, etc.):
6. Classroom Management:

A	B	C	D

#### **PART B**

1. Personal Characteristics (general deportment in school, etc.):
2. Enthusiasm/commitment to Excellence (attitude to teaching):
3. Staff Relations (collaboration, team work, etc.):
4. Professional Growth (attitude to personal and professional growth):

A	B	C	D

#### **PART C**

1. General Efficiency as a Teacher:

A	B	C	D

- i. Weakness of instruction, if any: \_\_\_\_\_
- ii. Strong areas of instruction, if any: \_\_\_\_\_
- iii. Do you recommend this teacher to our staff as a substitute? \_\_\_\_\_
- iv. If a teaching position is available, would you recommend this teacher to our staff? \_\_\_\_\_
- v. Candidates length of service in your area: \_\_\_\_\_

**REMARKS (use the reverse side if necessary):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School/Address

\_\_\_\_\_  
Position/Occupation