



Substitute Report

Date: _____ Substitute Teacher's Name: _____

School: _____ Assignment & Date: _____

Teacher: Please fill out the portion below.

- | | | |
|-------------------------------------------------------------------------|-----|----|
| 1. Did the substitute teacher leave a record of the events of the day? | Yes | No |
| 2. Did the substitute teacher follow the lesson plans left for him/her? | Yes | No |
| 3. Did the substitute improvise at his/her own discretion? | Yes | No |
| 4. Was the room as you had left it? Were things in order and put away? | Yes | No |
| 5. Are you aware of classroom management issues? | Yes | No |

Comments:

Signature: _____ Please exclude this substitute from my room.

Principal: Please fill out the portion below.

- | | | |
|--------------------------------------------------------------------|-----|----|
| 1. Was the substitute on time for the assignment? | Yes | No |
| 2. Was the substitute's appearance appropriate for the assignment? | Yes | No |
| 3. Did you receive negative comments from staff in your building? | Yes | No |
| 4. Are you aware of classroom management issues? | Yes | No |

Comments:

Signature: _____ Please exclude this substitute from our building.

This substitute notified by principal on _____ (date).