

Substitute Teacher Report

Please complete this sheet and return to the office.

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Teacher's name: _____

Substitute teacher's name: _____

Grade and/or subjects taught: _____

Dates taught: _____ Total number of days: _____

Please check the appropriate columns below concerning items left by the classroom teacher.

| | Yes | No | N/A |
|---|-------|-------|-------|
| 1. Class List | _____ | _____ | _____ |
| 2. Statement of class procedures & discipline | _____ | _____ | _____ |
| 3. Understandable lesson plans to fill the entire period | _____ | _____ | _____ |
| 4. Daily schedule (Lunch, periods, etc.) | _____ | _____ | _____ |
| 5. Seating charts | _____ | _____ | _____ |
| 6. Fire escape and tornado procedures | _____ | _____ | _____ |
| 7. Needed materials (absentee slip, textbooks, worksheets, hall pass slips, etc.) | _____ | _____ | _____ |

Comments (Please note any student misbehaviors):