

SUBSTITUTE REPORT FORM

Name of Substitute _____ Telephone Number _____

Teacher Absent _____ Date _____

PLEASE FILL OUT IN DUPLICATE AND RETURN TO THE OFFICE AT THE END OF THE DAY.

1. Attendance - Were seating charts available? _____
Were they up to date? _____

2. Lesson Plans - Were the lesson plans clear and easy to follow? _____

If you were not able to complete plans, what problems occurred? (Materials not available? Equipment?
Ets.) How did you handle the problem? _____

3. Behavior of Students - Any specific problem with student(s)? Please give name and
description of student. _____

4. General Comments: _____

Substitute

ADOPTION DATE: April 17, 1996