

SUBSTITUTE REPORT FORM

Substitute's Name: _____ Date Substituted: _____

School: _____ Position: _____ Total Days: _____

Substituting For: _____ Dept./Grade Level _____

CATEGORY	EXPLANATION OF CIRCUMSTANCES	Acceptable	Unacceptable
Arrived on Time			
Followed Lesson Plans/Directions			
Established Professional Relations with Staff			
Maintained Professional Relations With students			
Classroom/Work Space Left Orderly and Neat			
Maintained Classroom Management (Teachers Only)			

Would you like this individual to substitute for you in the Future? Yes No

If no, please explain: _____

 Employee Signature Date

Do you wish to have this substitute return to your school location? Yes No

If no, please explain: _____

 Dept. Supervisor/Principal Signature Date