Substitute Teacher Report Form

School supervisors are to complete this form when concerns or commendable actions of a substitute teacher arise.

<table>
<thead>
<tr>
<th>Substitute Name</th>
<th>Date of assignment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Principal</td>
<td>School</td>
</tr>
<tr>
<td>Full Time Teacher Name</td>
<td>Grade/Subject</td>
</tr>
</tbody>
</table>

Please indicate the substitute’s completion of the following items:

- Followed provided lesson plans
- Provided comments about each class/summary or work covered
- Maintained learning environment and appropriately dealt with student discipline within the classroom
- Absences and other records accurately kept and handled appropriately
- Arrived on time and observed school schedule
- Maintained professional appearance/attitude
- Acted professionally with students and staff
- Left room in good order

*N/A = Not Applicable

Do you recommend that this person continue as substitute? Yes _____ No _____ Please contact the substitute supervisor at 801-578-8340

If you answered no, please provide a detailed explanation of your response. You may attach additional documentation as necessary. __________________________________________________________

_______________________________________________

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Printed name of person completing form

____________________________________________

Signature ___________________________ Date

Completed forms are to be emailed to amy.oconnor@slcschools.org