

Substitute Teacher Report Form

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

Substitute Name	Date of assignment
Principal	School
Full Time Teacher Name	Grade/Subject

Please indicate the substitute's completion of the following items:	YES	NO	N/A
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. _____

 Printed name of person completing form

 Signature

 Date

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