

Substitute Teacher's Report to Regular Teacher

(This form should be completed by the substitute teacher and left for the regular teacher.)

Regular Teacher Name: _____

Substitute Teacher Name: _____

Substitute Teacher Phone: _____ Date of Assignment: _____

Instructional Information

Feedback Regarding Lesson Plan(s): _____

Overall, students did/ did not comprehend the information presented in lesson(s).

Classes in Which Lesson Plan Was Not Completed: _____

Other Activities Completed with Students: _____

Discipline Information

Class	Class's Overall Disciplinary Rating				
	Very Good	Good	Average	Poor	Very Poor
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Students Who Were Especially Disruptive: _____

Students Who Were Referred to Administration: _____

Students Who Were Especially Helpful: _____

Students Who Utilized a Hall pass: _____

General Information and Feedback

Students Who Were Ill or Hurt during the Day: _____

Visitors Who Came to Visit the Classroom: _____

Write any other notes or relevant information to the regular teacher on a separate sheet of paper or on the back of this form.