



To complete this form electronically,
it must be opened in *Adobe Reader!*

Classroom Teacher Feedback Report on Substitute

To be completed by the regular classroom teacher to provide feedback on your substitute.

Classroom Teacher's Name

Grade/School

Name of Substitute

Date(s) of Substitute

Did the substitute carry out your lesson plans and record attendance properly? Explain:

Were effective processes used to maintain order and discipline? Explain:

Was your room left clean and orderly? Explain:

Please comment on any areas of improvement for the substitute teacher:

Would you want this person to substitute in your classroom again? If No, please explain why.

If you answered NO above, please inform your Administrator

Admin Initial

HR Initial

Teacher Signature

Send completed form to Sub Coordinator at DO