

*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