



Substitute Feedback Form

Please leave a copy of this form for the permanent teacher and one at the office at the end of your assignment.

Substitute: _____ Date: _____

Phone Number: _____ Grade: _____

Substituted for: _____ School: _____

How I implemented the lesson plans:

I also taught:

Did you have any serious discipline problems? (Please describe as appropriate.)

Were you provided with necessary materials (e.g. map of school, emergency procedures, school rules, lesson plans, seating chart, etc.)?

Did you feel welcome at the school? Did you feel the staff, faculty, and administration was friendly, helpful, and supportive?

Did you provide the classroom teacher with detailed comments for the day? Yes No

Comments:

This form is not to be used for the evaluation of the classroom teacher. It is meant only as a method of providing feedback.

