

*Substitute Teacher: Use this form to give feedback on your day in the classroom and building.*

Substitute Teacher Name  Date

Grade or Subject   AM  PM  All Day

Name of Classroom Teacher  Building

Thank you for substituting today. Please take a few minutes to let us know how your day went.

Did the teacher provide you adequate lesson plans, the materials necessary to teach those lesson plans, and were they clear and easy to follow? Were you provided with a roll/seating chart? Please explain in detail.

Please let us know if there were any particular issues/concerns that you faced, as well as any student(s) who went above and beyond to make your day easier. Were you treated in a professional manner by the staff?

Substitute Signature \_\_\_\_\_

Date

Admin Initial

**Please return this form to the school office at the end of your shift. This form is for the Principal and will be kept at the building. You will leave a separate note/report for the teacher that you can leave with the Secretary.**