

Substitute Feedback Form

Date(s) of Position: _____

Teacher's Name: _____

Substitute's Name: _____

	Yes	Mostly	Mostly Not	No
	3	2	1	0
Was the teacher prepared with lesson plans?				
Did you follow the lesson plans?				
Was the class work completed?				
Was the condition of the room satisfactory upon your exit?				
Was the substitute folder organized and helpful?				
Were there any discipline issues?				
If discipline concerns, please explain:				
Additional Comments:				

★ Please leave completed form in Christine Paxson's mailbox