Substitute Report

School: _____

To be completed by the substitute.

Thanks for taking the time to complete this form. Please drop it off in the office as you leave today.

Sub Name _____ Date _____

Teacher _____ Room _____

1. Were you greeted when you arrived at the school?

2. Whose class did you cover today?

3. Was the substitute folder easy to locate?

4. Was all of the information complete?

5. Were your questions answered?

6. What could be included in the substitute folder that would benefit a substitute?

7. Did you have everything you needed to successfully complete your day? If no, what else was needed?