

SUBSTITUTE TEACHER CHECKLIST

Directions: **TEACHER:** File this checklist with the Principal the next day after your absence. (Optional)

Teacher's Name: _____

Date of absence: _____

Substitute's Name: _____

Please check **Yes** or **No** on each of the items listed below:

	<u>Yes</u>	or	<u>No</u>
The substitute teacher:			
1. Left the room in satisfactory condition	___		___
2. Followed suggested lesson plans	___		___
3. Had few discipline problems	___		___
4. Provided information concerning the amount of material Covered during each lesson	___		___
5. Provided information concerning any discipline problem(s) that arose	___		___
6. You would desire to have this substitute again in your class	___		___
7. Any other comments:			

