MISSION CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

Classroom Teacher's Report Feedback Concerning Substitute Teacher Performance

Substitute Teacher's Name:	_ID#:			
Date Substituted:	_Teacher Substituted for:_			
Grade/Subject:	_Campus:			
The Mission Consolidated Independent School Distriction of the instructional program. The observations of Office of Human Resources in the selection of substitutional continuity. Please complete this reclassroom.	f the classroom teacher pet tute teachers who contrib	erform an integra ute to a program	al role in assisting n of quality instru	iction
Directions: Check appropriate responses. Comraccompanied by explanatory comments.	ments are encouraged. I	Negative respo	nses ("no") <u>mus</u>	<u>st</u> be
CONDITIONS OF INSTRUCTIONS 1. Adequate lesson plans, materials and information v	were provided	YES	NO	
2. Students were oriented to classroom procedures d	uring my absence			
PERFORMANCE OF SUBSTITUTE 1. Records were accurately completed				
2. Lesson plans were implemented				
3. Effective classroom control was maintained				
4. Students reflect a positive response				
5. Anecdotal report of classroom activity was provided	d			
Behavior ethical to the standards of the teaching pr to have been exhibited	ofession appears			
7. Classroom materials, etc., were left in order at the	close of the school day			
8. I would recommend return of this substitute				
COMMENTS:				
Please return this form to the campus secretary				
	Classroom Teacher's Signature		Date	