

MISSION CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

Substitute Teacher Self Report

Substitute Teacher's Name: _____ ID#: _____

Date Substituted: _____ Teacher Substituted for: _____

Grade/Subject: _____ Campus: _____

Notes regarding lesson plans:

I also taught:

Notes regarding behavior:

Student assistants:

Students who were absent:

Messages for the permanent teacher:

Please let me know of any areas you feel I can improve to be a better substitute for you.

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 District recognizes that substitute teaching plays a significant role in the instructional program. The observations of the classroom teacher perform an integral role in assisting the Office of Human Resources in the selection of substitute teachers who contribute to a program of quality instruction and educational continuity. Please complete this report and return it to the school office upon your return to the classroom.

Directions: Check appropriate responses. Comments are encouraged. Negative responses ("no") must be accompanied by explanatory comments.

CONDITIONS OF INSTRUCTIONS

- | | YES | NO |
|---|-------|-------|
| 1. Adequate lesson plans, materials and information were provided | _____ | _____ |
| 2. Students were oriented to classroom procedures during 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 | _____ | _____ |
| 6. Behavior ethical to the standards of the teaching profession appears to have been exhibited | _____ | _____ |
| 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