

SUBSTITUTE TEACHER FEEDBACK FORM

TO: _____ DATE: _____
Regular Teacher

FROM: _____
Substitute Teacher

Completion of lesson plans:

Items not covered:

Students who were helpful:

Other:

If you would like to sub for this class again, please leave you name and phone number:

Name

Phone Number

Before leaving

1. Secure room windows and doors.
2. Leave feedback form for teacher.
3. See School Office and:
 - a. Turn in substitute folder
 - b. Turn in room keys
 - c. Sign out