



## Classroom Teacher's Report

Substitute Teacher's Name \_\_\_\_\_ Last 4 digits of SSN: \_\_\_\_\_

Date Substituted: \_\_\_\_\_ Teacher Substitute for: \_\_\_\_\_

Grade/Subject: \_\_\_\_\_ Campus: \_\_\_\_\_

Valley View 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

	<b>YES</b>	<b>NO</b>
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**

Xc: Principal  
Personnel Department