SUBSTITUTE TEACHER REPORT

FORM 550A REVISED 7/17/2019

DATE RECEIVED

BY



This report should be completed each time a substitute teacher serves in an assignment. One form may be used for consecutive days served in the same position. A report should completed at least once every ten working days for long-term substitutes. Completed forms should be submitted to the Superintendent.

SUBSTITUTE INFORMATION						
NAME				TE(S) DRKED		
SIGNMENT acher or ssroom)				☐ Geary ☐ Walton ☐ Spencer Elementary ☐ Spencer Middle ☐ RCHS		
CLASSROOM REPORT						
This portion should be completed by	y the classroom t	teacher subs	stituted for day-to-da	y assignments or an	administrato	r for long-term assignme
WERE LESSON PLANS FOLLOWED?	Yes	No	WAS T	HE CLASSROOM LEF IN GOOD ORDER		☐ No
DID THE SUBSTITUTE LEAVE A SATISFACTORY REPORT OF THE DAY'S ACTIVITIES?	Yes	No		ALL INDICATIONS, WAS LASSROOM CONTRO SATISFACTORY	L Yes	☐ No
WERE ABSENCES AND OTHER RECORDS KEPT ACCURATELY?	Yes	No		S PROVIDE FEEDBACI OUT THE SUBSTITUTE		☐ No
			Signature of persor	n completing this portion	,	 Date
ADMINISTRATOR EVALUATION	ON					
ADMINISTRATOR EVALUATION This portion should only be completed.		strator.				
			Satisfactory	Unsatisfactory	√	applicable
This portion should only be complete	ed by an adminis	Good	Satisfactory	Unsatisfactory Unsatisfactory	_	applicable applicable
This portion should only be complete ATTENDANCE / PUNCTUALITY PERSONAL APPEARANCE	ed by an adminis	Good Good			☐ Not a	
This portion should only be complete ATTENDANCE / PUNCTUALITY PERSONAL APPEARANCE (see RCBOE Policy 543) COOPERATIVE ATTITUDE	ed by an adminis Excellent Excellent Excellent	Good Good Good	Satisfactory Satisfactory	Unsatisfactory	Not a	applicable applicable
This portion should only be complete ATTENDANCE / PUNCTUALITY PERSONAL APPEARANCE (see RCBOE Policy 543)	ed by an adminis Excellent Excellent Excellent	Good Good Good	Satisfactory Satisfactory AD	Unsatisfactory Unsatisfactory	Not a	applicable applicable
This portion should only be complete ATTENDANCE / PUNCTUALITY PERSONAL APPEARANCE (see RCBOE Policy 543) COOPERATIVE ATTITUDE	ed by an adminis Excellent Excellent Excellent	Good Good Good	Satisfactory Satisfactory AD	Unsatisfactory Unsatisfactory MINISTRATOR RE	Not a	applicable applicable
This portion should only be complete ATTENDANCE / PUNCTUALITY PERSONAL APPEARANCE (see RCBOE Policy 543) COOPERATIVE ATTITUDE	ed by an adminis Excellent Excellent Excellent	Good Good Good	Satisfactory Satisfactory AD	Unsatisfactory Unsatisfactory Unsatisfactory MINISTRATOR RE ecommend that the hool again without reservation	Not a	applicable applicable IDATION te be assigned to this with reservations.

DATE TRANSMITTED TO SUBSTITUTE

SUBSTITUTE TEACHER FEEDBACK

FORM 550B REVISED 7/17/2019



Feedback should be submitted each time a substitute teacher serves in an assignment. One form may be used for consecutive days served in the same position. Feedback should completed at least once every ten working days for long-term substitutes. Completed forms should be submitted to the Superintendent.

☐ DAY-TO-DAY ASSIGNMENT ☐ LONG-TERM ASSIGNMENT								
SUBSTITUTE INFORMATION	N							
SSIGNMENT eacher or eassroom)			DATE(S) WORKED Geary Walton Spencer Elementary Spencer Middle RCHS					
HOW WERE YOU NOTIFIED OF THIS ASSIGNMENT?	Automated	Call /	Administrator Contact Teacher Contact Other					
CLASSROOM REPORT								
DID SOMEONE GREET YOU WHEN YOU ENTERED THE BUILDING?	Yes	☐ No	WERE YOU MADE AWARE OF THE SCHOOL'S EMERGENCY Yes No PLAN AND PROCEDURES?					
DID SOMEONE ESCORT YOU TO YOUR ASSIGNED CLASSROOM?	Yes	☐ No	DID AN ADMINISTRATOR VISIT YOUR CLASSROOM DURING Yes No THE SCHOOL DAY?					
WAS THE CLASSROOM IN GOOD ORDER WHEN YOU ARRIVED?	Yes	No	WERE STUDENTS HELPFUL IN UNDERSTANDING CLASSROOM Yes No					
WAS A CLASS SCHEDULE MADE AVAILABLE TO YOU?	Yes	☐ No	RULES AND PROCESSES? WAS IT CLEAR HOW THE					
WAS A CLASS ROSTER(S) MADE AVAILABLE TO YOU?	Yes	☐ No	CLASSROOM, MATERIALS, KEYS, Yes No ETC., WERE TO BE LEFT AT THE END OF THE DAY?					
WERE LESSON PLANS MADE AVAILABLE TO YOU?	Yes	☐ No						
			RETURN TO THIS SCHOOL					
COMMENTS			I wish to be assigned to this school again					
			without reservations. with reservations.					
			I do not wish to be assigned to this school again. (Comments required)					
		_	Signature of substitute teacher Date					

CENTRAL OFFICE USE ONLY

DATE RECEIVED BY

DATE TRANSMITTED TO ADMINISTRATOR