We appreciate you working with us today and value your feedback. Please take a moment to complete this Substitute Teacher Feedback Report form. Leave the form in a prominent location on the teacher’s desk, but ensure that student-specific information is not viewable from a glance (e.g. put the form face down or in an envelope).

Substitute Name: _____________________________ Date: ____________________

Substitute ID: _____________________________ Class/Period: _____________________________
(The substitute ID may be used to facilitate future substitute requests)

1. Overall, how did the instructional day go?

   Excellent [ ] Good [ ] Fair [ ] Poor [ ]

2. Please indicate if the lesson plans were completed.

   Completed [ ] Mostly Completed* [ ] Partially Completed* [ ] Not Followed* [ ]

   *List lessons that were not completed and indicate why.

3. How well do you feel students grasped the material?

   Students grasped all material. [ ] Students need more practice.* [ ] Material should be re-taught.* [ ]

   * If students had difficulty understanding any material, please include which portion(s) of the lesson(s).

4. Please rate the students’ behavior.

   Excellent [ ] Good [ ] Fair [ ] Poor [ ]

5. Which student(s) were most helpful?

   ____________________________________________________________

6. If another staff member that was helpful, who?

   ____________________________________________________________

7. Which student(s) had difficulty staying on task or were disruptive? Please include specifics.

   ____________________________________________________________
   ____________________________________________________________

8. Please list any students who were absent, late, had an early dismissal, or were not in class for any other reason.

   ____________________________________________________________

9. Is there anything the classroom teacher could have done to make the day run more smoothly? (e.g. give more detailed instructions for the sub, allow more time for assignments, include more transition time, etc.)

   ____________________________________________________________

Additional Notes: (Continue on back if additional space is needed)