

PLANO INDEPENDENT SCHOOL DISTRICT

Substitute Report

Substitute's Name: _____ Employee ID #: _____

School/Department: _____ Subject/Grade/Position: _____

Substitute For: _____ Date(s) of Assignment: _____

Rating Scale: **1** = Excellent **2** = Satisfactory **3** = Fair **4** = Unsatisfactory

	Rating	Comments
1) Substitute effectiveness		
2) Arriving on time		
3) Following instructions/lesson plans		
4) Leaving room/office in order		
5) Leaving summary of the day for employee		
6) Classroom management/office management		
7) Response to students/department staff		
8) Rapport with other teachers/department staff		
9) Staying until end of day		
10) Last minute cancellation/no-show		

Please write a brief description explaining the reason for the report.

Complete this section if applicable:

Substitute's performance was unsatisfactory. Please exclude him/her from our campus. I understand that further assistance/information may be required of me should disciplinary action be required.

Negative Reports: The substitute must be contacted by the campus/department regarding any negative reports. Please indicate how the contact was made and the date of the contact.

Date of contact _____

In Person _____ By Phone _____ By Letter _____ By E-mail _____

Inform the substitute that he/she has 10 days to submit a written response to the campus administrator regarding the report.

Principal/Campus Administrator/Supervisor

Campus/Department

Date