

**PLANO INDEPENDENT SCHOOL DISTRICT  
SUBSTITUTE RESPONSE**

Substitute's Name: \_\_\_\_\_ Date: \_\_\_\_\_

School/Department: \_\_\_\_\_ Subject/Grade/Position: \_\_\_\_\_

Substituting For: \_\_\_\_\_

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

	Rating	Comments
a. Instructions/lesson plans/needed materials available		
b. Team/department support		
c. Seating chart provided (classroom assignment only)		
d. Emergency procedures accessible		
e. Student behavior/cooperation/response to lesson		
f. Student behavior issues supported by campus		
g. Ability to carry out lesson plans as written		
h. Last-minute or no notice of cancellation by campus		

Comments:

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\_\_\_\_\_  
Substitute's Signature

\_\_\_\_\_  
Date

Scan/email form to the campus principal/department supervisor and email to [substitute@pisd.edu](mailto:substitute@pisd.edu).