

Substitute Report Form

TEACHER:

CLASS:

DATE:

Overall class behavior:

- EXCELLENT
- GOOD
- FAIR
- POOR

I followed your lesson plan:

- EXACTLY
- MODIFIED
- CHANGED
- OMITTED

The students:

- | | |
|--|--|
| <input type="checkbox"/> STAYED SEATED | <input type="checkbox"/> WERE OUT OF SEATS |
| <input type="checkbox"/> RAISED HANDS | <input type="checkbox"/> BLURTED ANSWERS |
| <input type="checkbox"/> FOLLOWED DIRECTIONS | <input type="checkbox"/> DID NOT FOLLOW DIRECTIONS |
| <input type="checkbox"/> STAYED ON TASK | <input type="checkbox"/> WERE OFF TASK |

Chatter level:

- SILENT
- MINIMAL
- SOMEWHAT NOISE
- CONSTANT NOISE

Students had difficulty with:

- | | | |
|-------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> GRAMMAR | <input type="checkbox"/> MATH | <input type="checkbox"/> ORGANIZATION |
| <input type="checkbox"/> VOCABULARY | <input type="checkbox"/> SCIENCE | <input type="checkbox"/> _____ |
| <input type="checkbox"/> READING | <input type="checkbox"/> SOCIAL STUDIES | <input type="checkbox"/> _____ |
| <input type="checkbox"/> WRITING | <input type="checkbox"/> P.E. | <input type="checkbox"/> _____ |

Outstanding Students

- 1 _____
- 2 _____
- 3 _____
- 4 _____

Challenging Students

- 1 _____
- 2 _____
- 3 _____
- 4 _____

Comments