GRANDVIEW HEIGHTS CITY SCHOOL DISTRICT
CLASSROOM TEACHER'S AND PRINCIPAL'S SUBSTITUTE REPORT

This report is to be filled out after the first visit of a substitute in your classroom/building or on subsequent visits when deemed appropriate.

Name of Substitute _____

Date(s): _____

Please check if the following tasks were accomplished:

I. ☐ a. Lesson plans were implemented.

☐ b. Attendance and other records were implemented.

☐ c. Anecdotal report was prepared to assure continuity of instruction.

☐ d. Materials and keys were returned to proper places.

☐ e. Room was left in good order.

II. Additional comments or concerns which may be helpful:

III. Would you welcome the substitute's return? Yes ☐ No ☐

_____ _____
Classroom Teacher Date

IV. Supervisor's comments:

_____

_____ _____
Supervisor Date