

AMADOR COUNTY UNIFIED SCHOOL DISTRICT
****SUBSTITUTE TEACHER COMMENTS****

SUBSTITUTE'S NAME: _____

TEACHER'S NAME: _____ **GRADE/SUBJ.:** _____

DATE SUBSTITUTED: _____ **SITE:** _____

	YES	NO
1. Did the teacher leave lesson plans?	_____	_____
2. If so, were the lesson plans adequate and helpful?	_____	_____
3. Was a class seating plan available or were desks labeled?	_____	_____
4. Was a duty schedule available?	_____	_____
5. Were students courteous?	_____	_____
6. Were you comfortable with the assignment? Why or why not?		

7. Suggestions that would help other substitutes in the future.		

8. Please note any additional comments.		

PLEASE RETURN THIS FORM TO THE SITE PRINCIPAL