

**Lakehurst Elementary School
Substitute Report Form**

Substitute's Name: _____ Date: _____

Substituting for: _____ [] Full Day [] Half Day

Effective substitute utilization is essential to the effective operation of Lakehurst Elementary School. Therefore, we are requesting that you complete this form as objectively as possible in order that we can improve and better assist our substitute teaching staff here at Lakehurst.

Check when Completed: [] Opening Exercises [] Attendance [] Lunch Count

1. In the course of your substituting, did you utilize lesson plans? [] Yes [] No

2. GENERAL REPORT OF TODAY: Daily work completed:

Math _____

Reading _____

Spelling _____

Language _____

Science _____

Social Studies _____

Special Programs today _____

Fire Drills _____

Duties _____

3. GENERAL REPORT OF TODAY: Daily work NOT completed:

Reason assigned work was not covered, children creating a problem or sent to the office, general problems encountered, helpful students, etc.

Signature of Substitute: _____

This form shall be distributed to the Administrative Office by the Substitute teacher at the end of the school day. The School Administrative Office staff shall make a copy of said form and immediately place in teacher's (regular teacher) mailbox.

