

Lake Wales Charter Schools

Substitute Teacher Feedback

Praise Report / Complaint Form

(TO BE COMPLETED BY THE CLASSROOM TEACHER)

Teacher:			Grade:	Subject: _	
Substitute:	Date(s) Worked:				
School: Babson Park	Bok	Hillcrest	Janie Howard	Polk Avenue	LW Sr. High
Please evaluate the substitute 1. YES NO 2. YES NO 3. YES NO 4. YES NO 5. YES NO 6. YES NO 7. YES NO If you answered no to any of sub, please write below:	Were Were Did yo Did yo Upon Would	you able to leathe lesson plan our sub display our sub cover our sub leave y your return, w I you like this	ave detailed lesson p ns followed to your s y adequate classroon your scheduled dutie you a note letting you yas your classroom a sub to return to you	satisfaction? In management skiles as directed? In know how the day It is clean & organized or coom for any of y	ay went? ed as you had left it? your future absences?
Attach additional notes if necessary.					
Teacher's Signature				te:	
Must be filled out by the add	ministrat	 tor:			
Action to be taken/Commer	nts:				
Administrator's Signature				te:	
(Please forward to Joanne T	Chornton	at the Central			