

TEACHER: _____

ROOM NUMBER(S): _____

COURSE TITLE: _____

BLOCK(S) _____

EMERGENCY SUBSTITUTE LESSON PLANS

Division Chairperson's Name: _____ Telephone Extension: _____

Instructional Aide(s): (specify block) _____

Student Aide(s): (specify block) _____

Suggested/Possible Disciplinary Measures: _____

Tardy Policy: _____

Appropriate Resource Personnel: (specify block) _____

Other pertinent information regarding the class(es) (e.g., students who are probable discipline problems, students with special needs, etc. Please specify block.)

CHECKLIST OF REQUIRED MATERIALS AND WHERE LOCATED:

- 1. Classroom Key SUBSTITUTE BINDER IN HUMAN RESOURCES OFFICE
- 2. Seating Chart _____
- 3. Fire Drill ON WALL NEAR DOOR OF CLASSROOM
- 4. Bell Schedule SUBSTITUTE BINDER
- 5. Roll Book _____
- 6. School Forms SUBSTITUTE BINDER
- 7. Passes SUBSTITUTE BINDER
- 8. Misconduct Forms SUBSTITUTE BINDER

(OVER)

EMERGENCY SUBSTITUTE LESSON PLANS (Continued)

LESSON PLANS FOR FIRST DAY OF ABSENCE:

Materials Needed: _____

Location of Materials: _____

LESSON PLAN FOR SECOND DAY OF ABSENCE:

Materials Needed: _____

Location of Materials: _____
