

SUBSTITUTE QUESTIONNAIRE

Name _____

Date(s) _____

Teacher you substituted for _____

Subject (if applicable) _____

1. Was the substitute packet accessible and adequate?

2. Were plans and activities adequate throughout the day?

3. Were class lists available and up-to-date?

4. Were lesson plans easy to follow?

5. Were students cooperative (if any problems were encountered, please indicate)?

6. Were you made to feel welcome?

7. Were adequate instructions provided regarding staff lounge, restroom and other amenities?

8. I am willing to substitute in this classroom again? YES NO

Additional Comments _____

Please describe any situation you would like the teacher to address upon return: _____
