HUNTINGTON UNION FREE SCHOOL DISTRICT
Office of Human Resources

Teacher’s Reactionary Report

Dear Teacher,

Please fill out a report(s) for the class(es) for which you had a substitute teacher. Please return this form to the Principals’ Office. This information will provide us with insight into staff selection.

Name of Teacher: ______________________________________________________

Name of Substitute: ____________________________________________________

Date of substitution: ____________________________________________________

If this was not a full-day substitution, what times were covered? ______________

Were your lesson plans followed carefully? Please circle ➔ YES or NO
If no, do you feel the changes were necessary or appropriate? Please explain below.

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

Did the substitute take accurate attendance? Yes _____ No _____
Did the substitute follow your entire schedule? Yes _____ No _____
Did the substitute have a good rapport with the students? Yes _____ No _____
Were there any serious discipline problems in your absence? Yes _____ No _____
Did the substitute teacher report them? Yes _____ No _____
Would you recommend this substitute again? Yes _____ No _____

Using your previous experiences with substitutes, how would you rate their performance?

[ ] Effective     [ ] Satisfactory     [ ] Unsatisfactory

Additional Comments: ____________________________________________________
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_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________