

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: _____

