

SALINAS UNION HIGH SCHOOL DISTRICT
TEACHER REPORT ON SUBSTITUTE
(COMPLETION REQUIRED)

_____	_____	_____	_____
Name of Substitute	Name of Teacher	School	Date Substituted

Did substitute follow the lesson plans _____ Yes _____ No

SUBSTITUTE PERFORMANCE RATING

(Attach additional comments if necessary or desired)

- ☐ Excellent (Comment below)
- ☐ Satisfactory (No comment required)
- ☐ Unsatisfactory (Comment below)

Comments: _____
