



Douglas County School District Substitute Performance Report

Please submit within five (5) days from the date of occurrence.
Timely submission of this form to the Substitute Office is important.

Date of Occurrence: _____

School/Site: _____

Substitute Teacher Name: _____

Classroom Teacher Name: _____

Performance Concern Noted:

- Late arrival or early departure
- Failure to follow lesson plans
- Failure to complete required duties
- Concern with interaction with students
- Inappropriate dress or language
- Unprofessional conduct
- Other: Please explain below

Exemplary Performance Noted :

- Executed duties or lesson plans beyond expectations
- Positive attitude & interactions with students and staff
- Professional demeanor & conduct

Explanation of circumstances (attach supporting documentation, if applicable):

We do not want this Substitute back at our school/site as a result of the performance concern(s) noted above:

Indefinitely

For this school year only

Name of Administrator who contacted the Substitute (you must contact the Substitute Teacher before submitting this form to the Sub Office): _____

Signature of Administrator: _____