



Annville-Cleona School District Substitute Teacher Feedback Form



Please give this form to the office at the end of your assignment. The office will scan the form to the teacher.

Substitute Name:	Date(s) of assignment:
Teacher Name:	Grade/Subject:

	Notes about the lesson	Notes about the students
1		
2		
3		
4		
5		
6		
7		
8		

Were you provided with the necessary materials to make the day go smoothly? If not, please describe what you needed:

Did you feel welcome at the school? Describe:

Additional Comments:

Substitute Teacher Signature

Date