

KENMORE-TOWN OF TONAWANDA UNION FREE SCHOOL DISTRICT

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DAILY CLASSROOM TEACHER REPORT

Substitute Teacher _____ Certification(s) _____
School Placement _____ Subject/Grade _____
Date of Assignment _____

- **Does it Appear that your lesson plans were followed?** Yes No

Comments: _____

- **Did the Substitute leave you a report of the day's activities?** Yes No

Comments: _____

- **General Comments:** _____

Date Teacher Grade/Subject

TEACHERS: PLEASE RETURN THIS FORM TO THE BUILDING ADMINISTRATOR WITHIN TWO DAYS AFTER YOUR RETURN.
PLEASE CONSIDER THE FOLLOWING WHEN COMPLETING THIS FORM: WITHIN A BRIEF TIME SPAN IN THE MORNING, THE SUBSTITUTE TEACHER IS EXPECTED TO STEP INTO THE NORMAL ROUTINE OF OUR SCHOOL DAY AND PURPOSEFUL ACTIVITY FOR OUR STUDENTS.