

**FIRST YEAR SUBSTITUTION IN-SCHOOL PARTICIPATION VALIDATION FORM**

Participant's Name \_\_\_\_\_

DIRECTIONS: Please ask the principal or his/her designee to fill in the school, date, time, and his/her initials beside the activities in which you participated. A total of six (6) hours of participation is required for a First Year Substitute Teacher. Once complete, have the principal sign below.

ACTIVITY INVOLVED	SCHOOL: _____			SCHOOL: _____		
	Date	Time	Initials	Date	Time	Initials
1. Assisting w/Classroom Tutoring						
2. Assisting in Media Center						
3. Assisting w/Lunch Duty						
4. Assisting w/Playground Duty						
5. Assist w/Bus Duty						
6. Assist in Computer Lab						
7. Assist in Administrative Matters						
8. Assist with Before School Duty						
9. Teaching a lesson from the Teacher' Plan Book						
10. Other (Please specify)						

\_\_\_\_\_  
Principal's signature