

**SPECIAL EDUCATION DISTRICT OF LAKE COUNTY**  
18160 GAGES LAKE ROAD \* GAGES LAKE, ILLINOIS 60030-1819  
847-548-8470 \* Facsimile 847-548-8472  
www.sedol.us



**SUBSTITUTE REPORT**

Date: \_\_\_\_\_

To: Human Resources Department

From: \_\_\_\_\_  
(Classroom Teacher)

Re: \_\_\_\_\_ (Name of Substitute)                      \_\_\_\_\_ (Sub Date(s))

Specific Commendations or Concerns:

\_\_\_\_\_  
(Reporter's Name Printed)

\_\_\_\_\_  
(Reporter's Signature)

## SUBSTITUTE REPORT

The following areas are a concern for \_\_\_\_\_ School for the substitute named below.

**Substitute's Name:** \_\_\_\_\_

**Date of Substituting:** \_\_\_\_\_ **Assignment:** \_\_\_\_\_

**A. Area of concern with a short explanation:**

<input type="checkbox"/>	Did not follow lesson plans or routines	
<input type="checkbox"/>	Accurate records not kept	
<input type="checkbox"/>	Lack of classroom control	
<input type="checkbox"/>	Failed to provide written feedback	
<input type="checkbox"/>	Other:	

**B. Lack of professionalism:**

<input type="checkbox"/>	Arrived late and/or left early	
<input type="checkbox"/>	Inappropriate dress	
<input type="checkbox"/>	Improper language	
<input type="checkbox"/>	Other:	

**C. Compliment:**

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These incident(s) were reported by:

Students     Staff     Both

**PLEASE RETURN COMPLETED FORM TO THE SEDOL  
HUMAN RESOURCES DEPARTMENT**

Fax 847-231-4906 or

Scan to [mlynch@sedol.us](mailto:mlynch@sedol.us)