# FULLERTON SCHOOL DISTRICT
# SUBSTITUTE TEACHER INCIDENT REPORT

**Date**_____

**Substitute Teacher Name** _____

**School** _____ **Classroom** _____

**Incident**

Date _____

Time _____

Location _____

**Description of Incident**

_____
_____
_____
_____

**Substitute Teacher Explanation**

_____
_____
_____
_____

**Witnesses**

_____
_____
_____
_____

**Action to be taken**

☐ Verbal Warning ☐ Exclusion from Site ☐ Exclusion from Teacher ☐ Other (Explain Below)

Explain _____
_____
_____
_____
_____

**By signing this document, you acknowledge that you have read and understood the information contained herein**

_____ _____
Substitute Teacher Administrator

_____ _____
Date Date