Observation Form – Long-Term Substitute

Web-Centric Student Name:			
Date:	Length of Observation (15 hrs. max):		
District Name:		School Name:	
Grade Level:		Subject Area:	
	ances during your long-ters. What factors contributed	m substitute position where students were successful I to student success?	

Reflect on specific instances when student achievement was less than you originally expected. What lessons will you take from that experience to improve your own lesson planning?		
Long-Term Substitute Observations:		
Signature of Principal or Teacher Observed: _		
Phone Number:	Email Address:	

Use the Long-Term Substitute Observation Form to complete each observation. To submit your hours, please scan and email your completed forms to your Program Specialist.