



Substitute Name:	Date of Observation:
School:  Grade:	Type of Classroom: Reg. Ed. _____ Spec. Ed. _____ If Spec. Ed., disability area: _____
Describe method(s) of instruction observed:	Describe type(s) of classroom/behavior management used:
Identify one (1) thing that you would also implement in a classroom if you were substituting:	Describe a potential obstacle that could impede a student's success:
Identify a technique/strategy used that will aid in a student's success:	Describe how you could incorporate your experiences into this classroom.
Identify something you were hoping to observe, but did not see.	Is this a type of classroom you would willingly substitute in? Why or why not?

\_\_\_\_\_  
Signature of Classroom Teacher or School Official

\_\_\_\_\_  
Date