

SAN BENITO COUNTY OFFICE OF EDUCATION
CHECKOUT SHEET FOR SUBSTITUTE TEACHERS

NAME _____ DATE _____

NAME OF TEACHER _____

NAME OF TEACHER'S AIDES _____

(Circle One)

- | | | | |
|----|---|-----|----|
| 1. | Adequate lesson plans and materials provided | Yes | No |
| 2. | Attendance information provided | Yes | No |
| 3. | Substitute's discipline plan provided | Yes | No |
| 4. | Doors and windows locked | Yes | No |
| 5. | Name of designated student aid submitted by teacher | Yes | No |
| 6. | Comment sheets returned to the County Office of
Education Personnel Office | Yes | No |

Comments: _____

Signature