

TEACHER: \_\_\_\_\_

ROOM NUMBER(S): \_\_\_\_\_

COURSE TITLE: \_\_\_\_\_

BLOCK(S) \_\_\_\_\_

**EMERGENCY SUBSTITUTE LESSON PLANS**

Division Chairperson's Name: \_\_\_\_\_ Telephone Extension: \_\_\_\_\_

Instructional Aide(s): (specify block) \_\_\_\_\_

Student Aide(s): (specify block) \_\_\_\_\_

Suggested/Possible Disciplinary Measures: \_\_\_\_\_

Tardy Policy: \_\_\_\_\_

Appropriate Resource Personnel: (specify block) \_\_\_\_\_

Other pertinent information regarding the class(es) (e.g., students who are probable discipline problems, students with special needs, etc. Please specify block.)

**CHECKLIST OF REQUIRED MATERIALS AND WHERE LOCATED:**

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|---------------------|--|
| 1. Classroom Key    | <u>SUBSTITUTE BINDER IN HUMAN RESOURCES OFFICE</u> |
| 2. Seating Chart    | _____  |
| 3. Fire Drill       | <u>ON WALL NEAR DOOR OF CLASSROOM</u>              |
| 4. Bell Schedule    | <u>SUBSTITUTE BINDER</u>                           |
| 5. Roll Book        | _____  |
| 6. School Forms     | <u>SUBSTITUTE BINDER</u>                           |
| 7. Passes           | <u>SUBSTITUTE BINDER</u>                           |
| 8. Misconduct Forms | <u>SUBSTITUTE BINDER</u>                           |

**(OVER)**

**EMERGENCY SUBSTITUTE LESSON PLANS (Continued)**

**LESSON PLANS FOR FIRST DAY OF ABSENCE:**

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Materials Needed: \_\_\_\_\_

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Location of Materials: \_\_\_\_\_

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**LESSON PLAN FOR SECOND DAY OF ABSENCE:**

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Materials Needed: \_\_\_\_\_

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Location of Materials: \_\_\_\_\_

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