



DOUGLAS COUNTY SCHOOL DISTRICT SCHOOL REPORT FORM

Date of Occurrence: _____

School: _____

Substitute Teacher Name: _____

Classroom Teacher Name: _____

Explanation (additional pages may be attached, if needed):

Action to be taken: Check One:

_____ I would not want to substitute for the teacher listed above

_____ I will not return to substitute teach at the building listed above

_____ No action requested: documentation purposes only

Optional: _____ I did express my concerns regarding the above explanation to a school administrator.

Administrator's name: _____ **Date:** _____