

SUBSTITUTE TEACHER INCIDENT REPORT

1. This form may be completed by the classroom teacher or site secretary but must be signed by an Administrator.
2. **Human Resources will notify the substitute of this exclusion.**
3. Please scan and email the completed form to subsystems@dsdmail.net.

Date of Assignment: _____ School: _____

Classroom Teacher: _____ Substitute Teacher: _____

Reason for exclusion:

- ☐ Did not follow lesson plans ☐ Poor classroom management
☐ Inappropriate conduct with student(s) ☐ Other: _____

Please provide the SubSystems Office with the following: **(Ensure all statements are dated and signed.)**

- Student statement(s)
- Other possible witness statements
- Written statement from substitute and/or summary of interview with substitute
- Indicate what your recommendation would be based on what you know about the situation, substitute, and student(s)

Does this incident potentially violate policy 11IR-100? Yes ☐ No ☐ If no, skip this section.

If so, have you CCP'd with OEO? Yes ☐ No ☐

Has incident been reported to the HDRS system? Yes ☐ No ☐

Who is your school's cultural liaison? _____

REQUIRED: Please give specific details as this becomes part of the substitute's record:

Attach additional page if needed.

Type of exclusion recommended:

- ☐ This teacher's classroom
☐ This teacher's classroom and the following employee(s): _____
☐ Entire school
☐ Recommend review from Human Resources for possible further action

Person completing form:

Name: _____ Position: _____

Signature: _____ Date: _____

Administrator: **(REQUIRED)**

Name: _____ Signature: _____

For SubSystems Office use only: ☐ Exclusion entered in Aesop ☐ Check future assignments ☐ Information in SubNotes
☐ Added name to spreadsheet ☐ Notified school Substitute employee number: _____