

Washoe County School District
GUEST TEACHER DAILY REPORT
(Complete form and leave for teacher)



Guest Teacher: _____

Guest Teacher Phone #: _____ Email Address: _____

Teacher: _____ Confirmation #: _____

School/Location: _____ Date: _____

-
1. I completed: _____ All lesson plans you prepared
_____ More than 50% of the lesson plans you prepared
_____ Less than 50% of the lesson plans you prepared
_____ Supplemental work after completing lesson plans
(copies of supplemental work attached)

2. Student work has been corrected:

Yes No

3. General student cooperation was:

Excellent Good Satisfactory Poor Unsatisfactory

4. Specific students who were helpful and cooperative:

5. Specific students who were constantly disruptive and/or uncooperative:

6. Summary of student academic and behavioral performances:

Subject: _____

Subject: _____

Subject: _____

Subject: _____

Additional Comments:

Guest Teacher Signature: _____