

**STOCKTON UNIFIED SCHOOL DISTRICT**  
Human Resources  
701 North Madison Street  
Stockton, CA 95202

**Teacher Report**

Teacher's Name: \_\_\_\_\_ Employee ID \_\_\_\_\_

Substitute's Name: \_\_\_\_\_ Employee ID \_\_\_\_\_

Please complete and return this questionnaire after you return from absence.

- |    |   |     |    |
|----|---|-----|----|
| 1. | Depending on availability of substitutes, would you like this substitute again? The District shall honor a teacher's request that a particular substitute not come back to the teacher's classroom. | Yes | No |
|----|---|-----|----|

2. Comments helpful to the substitute:

---

---

---

---

---

The Teacher Report shall not be construed as one of the teacher negative evaluations referenced in Section 22.2.4.

\_\_\_\_\_  
Teacher's Signature

Date \_\_\_\_\_

\_\_\_\_\_  
School Site

\_\_\_\_\_  
Name of Substitute