FOR TEACHERS

Substitute Teacher Plan



Teacher: _____ **Date:** _____ M T W TH F

☐ Attendance taken ☐ Medical and SEN needs checked

Key information and pupil needs

_____

_____

_____

Useful school contacts

School office: _____

Principal or deputy: _____

Nearby teacher: _____

SNA or support staff: _____

Break times and yard duty: _____

Class: _____

Schedule: time blocks and activities

Time	Subject	Activities
to		
to		
to		
to		
to		
to		
to		

Classroom routines and supports

_____

_____

_____



Note for the class teacher: _____

FOR TEACHERS

End of Day Notes

Substitute: _____ **Date:** _____ **Class:** _____

How the day went

Work completed

Work to follow up

Resources used or needed

Messages for the class teacher



Pupils absent today: _____ **Late or collected early:** _____

- [ ] Homework given
- [ ] Resources tidied away
- [ ] Items left on the desk

Please do not write pupil names here. Report any concerns through your school's usual process.

Contact for follow-up: _____