EMERGENCY SUBSTITUTION REPORT

This form is to be used when the clinical teacher is required to act as a substitute teacher.

Campus: ____________________________

Clinical Teacher: ____________________

Date of Substitution: _________________

Class Periods: _______________________

Cooperating Teacher for which the student teacher is substituting:

______________________________

If this substitution is for someone other than the clinical teacher’s assigned cooperating teacher, please explain:

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Signed:

_________________________________  _______________________________________

Building Principal                    Cooperating Teacher

_________________________________  _______________________________________

Clinical Teacher                     University Supervisor