



**ANGELO STATE UNIVERSITY
COLLEGE OF EDUCATION**

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:

Signed:

Building Principal

Cooperating Teacher

Clinical Teacher

University Supervisor