**Sub Notes / Our Class at a Glance**

Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Classroom Number: \_\_\_\_\_\_\_\_\_\_\_

Classroom Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade Level: \_\_\_\_\_\_

**Office #**

**Principal’s Name:  
Principal’s #:**

**In an emergency, call:**

**If you need help:**

Name: Room #:

Name: Room #:

Name: Room #:

For a tornado drill, go…

For a fire drill, go…

Helpful Students

Other important information:

Students with Behavior Plans

Students who Need Assistance