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