
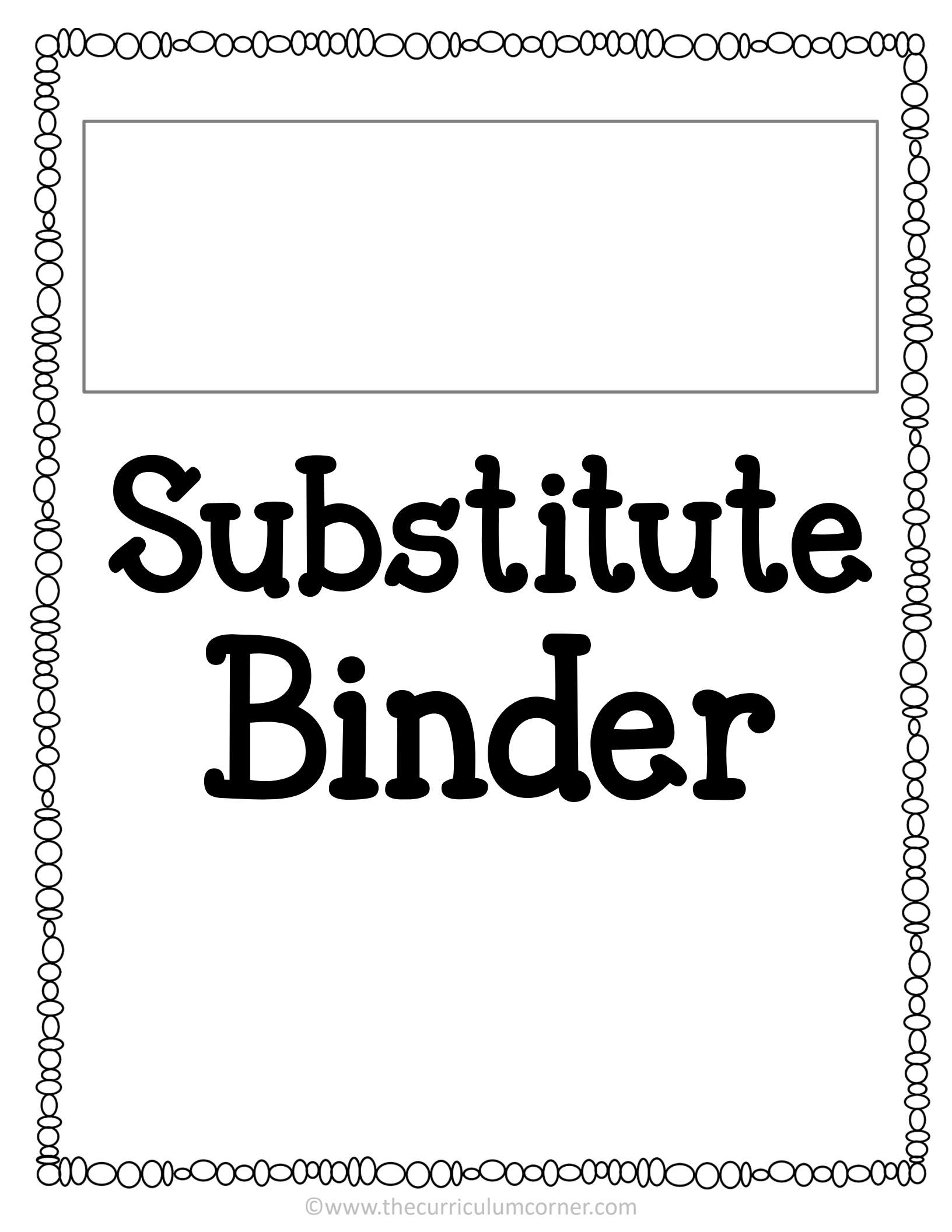


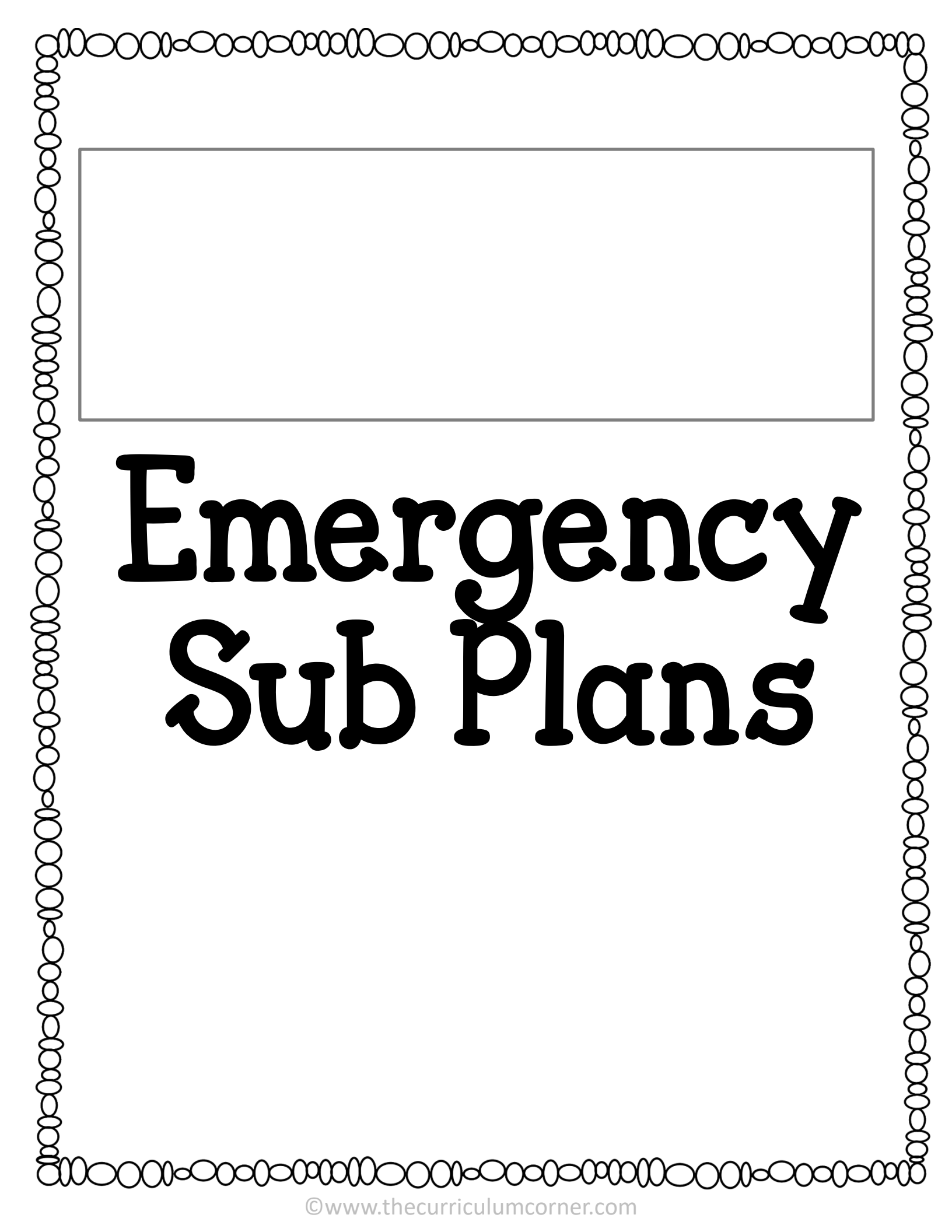


Mrs. Henry's

**Substitute
Binder**



Substitute Binder



Emergency Sub Plans

Substitute Binder Checklist

Am I Ready?

- Class List
- Seating Chart
- Morning Procedures
- Where to go for help
- Behavior Plan
- Bathroom Procedures
- Daily Schedule
- Lesson Plans
- Passwords
- Lunch Procedures
- Recess Procedures
- Special Area Procedures
- Dismissal Procedures
- Read Aloud Book
- Time Filler Activity
- Student Expectations
- Student Consequences

Quick notes for the day...

1.

2.

3.

4.

5.

About our Class

Leaders

Motivators

Time Fillers

Helpers

Rewards

Passwords you might need!

web site	log in	password
www.thecurriculumcorner.com	None needed!	None needed!

Sub Notes / Our Class at a Glance

Medical

Glasses: Y N

Seizures: Y N

Allergies: Y N

Meds: _____

Notes: _____

Office #:

Principal's Name:

Principal's #:

In an emergency call:

Supports

SLP

OT

PT

Assistive Tech

Transportation

Behavior Plan Y N

Notes: _____

Strengths

Areas of Need

Parent Contact:

Name: _____

Number: _____

E-mail: _____

Other: _____

Suggested Interventions

IEP at a Glance Student:

Medical	Grade: _____	Teacher: _____
Glasses: Y N	Eligibility: _____	
Seizures: Y N	TOS: _____	
Allergies: Y N		
Meds: _____	Supports SLP OT PT Assistive Tech Transportation	
Notes:		

Behavior Plan	Y	N
Notes:		

Strengths	Areas of Need

Parent Contact:	Suggested Interventions
Name: _____	
Number: _____	
E-mail: _____	
Other: _____	

Supports Needed

Teacher: _____ Grade: _____

Student:

Student:

Student:

Student:

Student:

Student Reminders

Teacher:

Name:	Name:
Name:	Name:
Name:	Name:
Name:	Name:
Name:	Name:
Name:	Name:

Student Schedules

Teacher:

Notes:

Student:	Destination	Days/ Times
Student:	Destination	Days/ Times
Student:	Destination	Days/ Times
Student:	Destination	Days/ Times
Student:	Destination	Days/ Times
Student:	Destination	Days/ Times
Student:	Destination	Days/ Times
Student:	Destination	Days/ Times
Student:	Destination	Days/ Times

Transportation Notes

Teacher: _____

student	bus #	after school care	parent pick-up	other

Transportation Notes

Teacher: _____

student				

Assignment Check

Subject:

Missing Assignments Log

Date:

student	missing assignment

Attendance

Teacher:

Please make a list of any absent
or tardy students for the day:

Name:	Name:
Name:	Name:
Name:	Name:
Name:	Name:
Name:	Name:

Things to Do

Week of:

Don't forget!

Copy me!

Get in touch!

To make!

Other:

Things to Do

Week of:

Monday

Tuesday

Wednesday

Thursday

Friday

Morning Procedures

Start Time

Welcoming Students

Student Expectations

Taking Attendance

Other

Lunch Procedures

Lunch Time

Getting Ready

Café Procedures

After Lunch

The Teacher's Lounge

Special Area Procedures

Start Time

Getting Ready

Hallway Procedures

Picking Up Students

Other Notes

Recess Procedures

Start Time

Getting Ready

Hallway Procedures

Recess Duty

Other Notes

Dismissal Procedures

Start Time

Getting Ready

Parent Pick-Up Procedures

Bus Rider Procedures

Other Notes

Notes for Math

Date:

Focus:

Materials Needed:

Activities:

Supports Needed:

Notes for Reading

Date:

Focus:

Materials Needed:

Activities:

Supports Needed:

Notes for Independent Reading

Date:

Focus:

Student Expectations:

**While students are reading silently,
please help by:**

Supports Needed:

Notes for Independent Writing

Date:

Focus:

Student Expectations:

**While students are writing quietly,
please help by:**

Supports Needed:

Notes for Science

Date:

Focus:

Materials Needed:

Activities:

Supports Needed:

Notes for Social Studies ^{Date:}

Focus:

Materials Needed:

Activities:

Supports Needed:

Notes for _____

Date:

Focus:

Materials Needed:

Activities:

Supports Needed:

Behavior Documentation

Teacher: _____ Date: _____

student name	behavior	action taken	follow up info.

Notes About our Day

Date: _____ Topic: _____

Date: _____ Topic: _____

Math Notes

Date:

What we did:

Students who will need additional support / reteaching:

Thoughts on our lesson:

Anything else:

Reading Notes

Date:

What we did:

Students who will need additional support / reteaching:

Thoughts on our lesson:

Anything else:

Writing Notes

Date:

What we did:

Students who will need additional support / reteaching:

Thoughts on our lesson:

Anything else:

Notes From Your Day

Guest teacher name:

Date:

Contact info if needed;

Today's STAR Students

Behavior concerns:

Things we finished:

Unfinished items:

Other Notes:

Notes from the Sub

Date:

Guest Teacher's
Name:

Our day way:

Star Students:

Students I needed to talk with:

Work we didn't complete:

Notes about other work:

Concerns

Other comments:

Lesson Plans for the Week of: -----

Subject			
Time			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Subject			
Time			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Student Groupings

Date:

Subject:

Teacher:

Group 1:

Group 2:

Group 3:

Group 4:

Student Groupings

Date:

Subject:

Teacher:

Group 1:

Group 2:

Group 3:

Group 4:

Group 5:

Group 6:

Student Groupings

Date:

Subject:

Teacher:

Group 1:

Group 2:

Group 3:

Group 4:

Notes/Observations:

Important Reminders

Time	Notes

WOW!

Please record any WOWs from your day. I would love to know who to complement when I return.

