



Claire's School Solutions

Supply Cover Feedback Form

Please complete at the end of the day

Supply Teachers Name _____

Name of absent teacher (if known) _____

Date _____

Class _____

Used work set

Used own work

Both

Lessons delivered _____

Pupil Behaviour _____

Children worthy of a special mention _____

Comments (issues that need to be followed up, work to be completed etc.) _____

Signed _____

Dated _____