



Washoe County School District  
Office of Human Resources

**Unsatisfactory Substitute Evaluation Follow-Up**

\_\_\_\_\_  
Substitute's Name (please print)

\_\_\_\_\_  
School Name (please print)

\_\_\_\_\_  
Teacher's Name (please print)

\_\_\_\_\_  
Assignment Date

\_\_\_\_\_  
Administrator's Name (please print)

- The substitute has met with me resulting in satisfactory resolution of the problem(s) identified.

Please **unblock** the substitute from accepting assignments at this school.

- The substitute has met with me to discuss the problem(s) identified.

At the current time **do not unblock** the substitute from accepting assignments at this school.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Administrator's Signature

\_\_\_\_\_  
Substitute's Signature

**PLEASE RETURN TO SUBSTITUTE SERVICES**