

## B+B EMERGENCY CHECKLIST FOR SUBSTITUTE TEACHERS

Name of Class: \_\_\_\_\_

Teacher: \_\_\_\_\_

Room #: \_\_\_\_\_ Time of Class: \_\_\_\_\_

LIST OF STUDENTS:

- |     |     |
|-----|-----|
| 1.  | 11. |
| 2.  | 12. |
| 3.  | 13. |
| 4.  | 14. |
| 5.  | 15. |
| 6.  | 16. |
| 7.  | 17. |
| 8.  | 18. |
| 9.  | 19. |
| 10. | 20. |

Names of students with allergies or medical issues. (List and explain.)

Directions or lesson plan for in-class time:

Collect any homework? Please explain.

Homework for next week or special instructions? Please explain.