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**SUBSTITUTE TEACHER OBSERVATION FORM**

NAME OF APPLICANT: \_\_\_\_\_

This certifies that the above-named substitute teacher applicant observed two hours in the following schools:

Name of School: \_\_\_\_\_

Date of Observation: \_\_\_\_\_ (Minimum of two hours)

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*Signature of School Official and Title*

Name of School: \_\_\_\_\_ Los Alamos Middle School

Date of Observation: \_\_\_\_\_ (Minimum of two hours)

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*Signature of School Official and Title*

Name of School: \_\_\_\_\_ Los Alamos High School

Date of Observation: \_\_\_\_\_ (Minimum of two hours)

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*Signature of School Official and Title*

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**Human Resources Department  
2075 Trinity Drive | Post Office Box 90  
Los Alamos, New Mexico 87544  
Phone: (505) 663-2222 | Fax: (505) 663-2791  
[www.laschools.net](http://www.laschools.net)**