



Los Alamos Public Schools

SUBSTITUTE TEACHER OBSERVATION FORM

NAME OF APPLICANT: _____

This certifies that the above-named substitute teacher applicant observed in person or online classes at the following schools:

Name of School: _____

Date of Observation: _____ (Minimum of two hours)

Signature of School Official and Title

Name of School: _____ Los Alamos Middle School

Date of Observation: _____ (Minimum of two hours)

Signature of School Official and Title

Name of School: _____ Los Alamos High School

Date of Observation: _____ (Minimum of two hours)

Signature of School Official and Title