

Kyrene School District #28

**Certified & Support Substitute Incident / Exclusion Report**

To report an incident involving a Substitute Teacher or a Support Substitute, please complete both sections of this form in detail and return it to the Substitute Specialist via email: [jgauthier@kyrene.org](mailto:jgauthier@kyrene.org) or via fax: (480) 541-1811. Please attach an additional sheet, if needed.

**This Report will be shared with the Substitute.**

***I. To be completed by Teacher:***

Substitute Name \_\_\_\_\_ Certified ☐ Support ☐

Date of Incident \_\_\_\_\_ School \_\_\_\_\_

Please explain the incident \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I would like this substitute excluded from my classroom: \_\_\_\_\_

Teacher Signature (required) \_\_\_\_\_

Date \_\_\_\_\_

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

***II. To be completed by School Administrator:***

I spoke with the Substitute regarding the incident above by ☐ phone; ☐ in person on \_\_\_\_\_.  
Date

Comments \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please exclude substitute from: ☐ this classroom ☐ the entire site.

Administrator Signature (required) \_\_\_\_\_

Date \_\_\_\_\_

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