



**HOLLISTON PUBLIC SCHOOLS
HOLLISTON, MASSACHUSETTS 01746**

SUBSTITUTE REVIEW REPORT:

Principal's Name: _____

Substitute Name: _____

Date of Report: _____

Nature of Report: _____

Have you spoken with the Substitute about this report? _____

Comments: _____

____ I recommend this substitute no longer be assigned to my building

____ I recommend this substitute be removed from the sub list for the district

____ Other: _____

Signature

Date