

SUBSTITUTE TEACHER CONTACT & EXPECTATIONS AGREEMENT FORM

Updated Fall, 2018

Name:	
Date of Birth	// Phone Number: () Cell Home (circle one)
Address:	
E-mail Address:	
wellbeing of our te	ires that all teachers follow our expectations and policies to ensure the safety and eachers, learners and community. Please fill out and return this form so that we have mation and your agreement to the following expectations:
Lowell Learns Subs	titute Teachers will be expected to:
Complete aPresent ther Learns.Relay to the lesson/class.	and return a Substitute Teacher Contact & Agreement Form and return a CORI application (Available at www.LowellLearns.com/Forms) anselves in a professional manner at all times while they are representing Lowell are regularly scheduled Lowell Learns teacher what was accomplished during the syment with the regularly scheduled teacher.
I have filled out an	d returned my CORI form
I agree to follow L	owell Learns Expectations
Signature	Date/
_	Lowell Learns Contact Information:
	neral E-mail: LowellLearns@Gmail.com Website: www.LowellLearns.com
Janet Barry:	Phone: (603) 703-1029, Email: ChristChurchSong@Gmail.com
Mel Steiger:	Phone: (716) 982-1215, Email: Melissma22@hotmail.com

All Forms are Available at: www.LowellLearns.com/Forms