



Substitute Instructions

Teacher Name: _____

Date of Absence(s): _____

School Site: _____

Program Manager: _____

***TEACHER'S DAILY SCHEDULE (START AND END TIMES) MUST BE ENTERED IN FRONTLINE**

Period	Start Time	End Time	Google Classroom Code	Lesson Plan Instructions/Additional Comments
0				
1				
2				
3				
4				
5				
6				
7				

 Uploaded lesson plans to Google Classroom (If applicable)

SUBSTITUTE TECHNICAL SUPPORT

Instructional Technology Facilitator: **Alex Becerra**; **Work Cell:** (909) 809-6188; **Email:** Alex_Becerra@cry-rop.org

Technology Technician II: **Omar De La Cruz**; **Work Cell:** (909) 809-6213; **Email:** Omar_Delacruz@cry-rop.org

Technology and Network Manager: **Ryan Fischer**; **Work Cell:** (909) 809-6022; **Email:** Ryan_Fischer@cry-rop.org