



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

TechServices@cry-rop.org

(909) 793-3115 x332

**Please note all Technology staff will receive notification when contacting them via these communication sources.