

Visiting Teacher Incident Form Instructions

When to Use This Form:

This incident form should be used when an allegation or concern is raised regarding the behavior of a visiting teacher.

Do not use this form for visiting teacher performance evaluation. To evaluate a visiting teacher's performance quality, use the [visiting teacher evaluation form](#).

If you are not sure which form to use, contact your Human Resources Officer.

How to Complete This Form:

Use the investigation process normally used for all monthly employees. This includes providing an opportunity for the visiting teacher to provide a statement or to be interviewed (in person or over the phone). Because this interview may result in discipline, please be sure to tell the employee and give him/her the opportunity to have a union representative present. If a visiting teacher does not provide a statement or agree to be interviewed, submit this form to Human Resources with documentation on the times you tried to contact the employee, the results of those attempts, and the employee's response (if any).

Please do not email the concerns/allegations to the employee. Only provide this information through a virtual meeting or over the phone.

Timeline for Completion:

This form should be completed within five (5) workdays of the incident. Please submit the completed form and attachments to:

Kirsten McGinn

Submit Form To The Following Link (Click To Open Page): *DriveUploader Folder*

A copy of all superior and/or unsatisfactory evaluations will be sent to the substitute employee by HRSD.

Visiting Teacher Incident Form

Name of visiting teacher: _____

School site where incident occurred: _____

Date incident occurred: _____

Summary of investigation and findings: _____

Please attach witness statements and other pertinent documentation

Did the visiting teacher provide a statement or was he/she interviewed? Yes No

If no, how and when did you provide an opportunity for a written statement or an interview?

Requested Action:

Supervisor Signature _____ Date _____

Date received by Human Resources _____

Please Return This Form To:

Submit Form To The Following Link (Click To Open Page): *DriveUploader Folder*

A copy of all superior and/or unsatisfactory evaluations will be sent to the substitute employee by HRSD.