EARLY LEARNING COALITION OF HILLSBOROUGH COUNTY
VOLUNTARY PREKINDERGARTEN EDUCATION PROGRAM

SUBSTITUTE TRACKING FORM FOR LEAD INSTRUCTOR

Form ELCHC-VPK14

April 16, 2010

Provider Name: _____

Program Type: **VPK Year:**

Program Type: Select One

Lead Instructor Name: _____ **Classroom:** _____

- Substitute information and documents for the Lead Instructor **MUST** be submitted to ELCHC **prior** to substituting in the classroom.
- Substitute may not replace a Lead Instructor for more than 30% of the total program hours (*School Year = 162 Hours; Summer = 90 Hours*).

Name of Substitute	Date	Time	Number of Hours
	TOTAL NUMBER OF HOURS		**0**

Special Note: Keep this tracking form on record for one year for monitoring purposes. This form available at www.elchc.org.