

Substitute Preferences

Name: _____

Date: _____

- Certified
 Support

Substitute Preference K-6

- All Elementary Smoketree Havasupai
 Starline Nautilus Oro Grande
 Jamaica

Certified		Support
<input type="checkbox"/> All Grades/Subjects	<input type="checkbox"/> Pre-School	<input type="checkbox"/> All
<input type="checkbox"/> Kindergarten	<input type="checkbox"/> Grade 1	<input type="checkbox"/> Paraprofessional – Special Needs
<input type="checkbox"/> Grade 2	<input type="checkbox"/> Grade 3	<input type="checkbox"/> Personal Care – Feeding, lifting, diapering
<input type="checkbox"/> Grade 4	<input type="checkbox"/> Grade 5	<input type="checkbox"/> One-on-One Aide
<input type="checkbox"/> P.E.	<input type="checkbox"/> Grade 6	<input type="checkbox"/> Nurse
<input type="checkbox"/> Art	<input type="checkbox"/> Music	<input type="checkbox"/> Custodian
<input type="checkbox"/> SPED Resource	<input type="checkbox"/> SDC	<input type="checkbox"/> Bus Monitor
		<input type="checkbox"/> Bus Driver

Substitute Preferences 7 – 8th Grade

- Thunderbolt

Certified		Support
<input type="checkbox"/> All Grades/Subjects		<input type="checkbox"/> All
<input type="checkbox"/> Grade 7	<input type="checkbox"/> Grade 8	<input type="checkbox"/> Paraprofessional – Special Needs
<input type="checkbox"/> P.E.	<input type="checkbox"/> SPED Resource	<input type="checkbox"/> Personal Care – Feeding, lifting, diapering
<input type="checkbox"/> SDC	<input type="checkbox"/> ED SPED	<input type="checkbox"/> One-on-One Aide
<input type="checkbox"/> English	<input type="checkbox"/> Computers	<input type="checkbox"/> Nurse
<input type="checkbox"/> Literature	<input type="checkbox"/> Math	<input type="checkbox"/> Custodian
<input type="checkbox"/> Science	<input type="checkbox"/> Social Studies	<input type="checkbox"/> Bus Monitor
<input type="checkbox"/> Music/Band	<input type="checkbox"/> Industrial Arts	<input type="checkbox"/> Bus Driver
<input type="checkbox"/> Library	<input type="checkbox"/> Art	
<input type="checkbox"/> Spanish		

Substitute Preferences

Substitute Preferences 9-12 Grade

 All High School

 Lake Havasu High School

 Round Table Program

Certified		Support
<input type="checkbox"/> All Subjects	<input type="checkbox"/> Math	<input type="checkbox"/> All
<input type="checkbox"/> Science	<input type="checkbox"/> Social Studies	<input type="checkbox"/> Paraprofessional – Special Needs
<input type="checkbox"/> English	<input type="checkbox"/> STC (Student Transitional Center)	<input type="checkbox"/> Personal Care – Feeding, lifting, diapering
<input type="checkbox"/> LD Resource/SPED	<input type="checkbox"/> Spanish	<input type="checkbox"/> One-on-One Aide
<input type="checkbox"/> SPED/SDC	<input type="checkbox"/> Band	<input type="checkbox"/> Nurse
<input type="checkbox"/> Choir	<input type="checkbox"/> P.E. - Boys	<input type="checkbox"/> Custodian
<input type="checkbox"/> P.E. - Girls	<input type="checkbox"/> ISS	
<input type="checkbox"/> Art	<input type="checkbox"/> Study Hall	
<input type="checkbox"/> Business – Audio/Visual	<input type="checkbox"/> Business - Computers	
<input type="checkbox"/> Business – Bus. Mgmt	<input type="checkbox"/> Business – Marketing/Finance	
<input type="checkbox"/> Business – Web Design/Robotics	<input type="checkbox"/> Food/Nutrition	
<input type="checkbox"/> Early Childhood	<input type="checkbox"/> Fashion Design	
<input type="checkbox"/> Voc Ed - Drafting	<input type="checkbox"/> VocEd - Construction	
<input type="checkbox"/> VocEd - Engineering	<input type="checkbox"/> VocEd – Auto Shop	
	<input type="checkbox"/> High School Recovery	

PLEASE FILL OUT THIS FORM AND RETURN IT SO WE CAN REACTIVATE YOU IN AESOP OR BRING TO ORIENTATION. IF NOT ATTENDING ORIENTATION PLEASE BRING THIS FORM AND DOCUMENTS BELOW TO THE DISTRICT OFFICE ASAP.

FOR SUPPORT SUBS PLEASE BRING:

HIGH SCHOOL DIPLOMA OR TRANSCRIPTS

\$24.00 FOR FINGERPRINTING IF YOU HAVE NOT ALREADY DONE SO.

FOR CERTIFIED SUBS PLEASE BRING:

CURRENT SUB CERTIFICATE IF NOT ON FILE.

FINGERPRINT CARD IF NOT ON FILE.