

<b>PARKLAND SCHOOL DISTRICT – Substitute Information Survey</b>	<i>FOR OFFICE USE ONLY</i>
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**INSTRUCTIONS: ALL SUBSTITUTE TEACHERS MUST COMPLETE Sections 1, 2, 3, 4**  
**Substitutes for areas other than teaching MUST ALSO COMPLETE Section 5.**

**References**  
**Ckd \_\_\_\_\_**  
**Date Entered \_\_\_\_\_**

<b>Section 1</b>	<p><b>Name</b> _____</p> <p><b>Address</b> _____</p> <hr/> <p><b>Telephone # (one only)</b>          (____) _____</p> <p><b>Email Address:</b> _____</p>
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<b>Section 2</b>	<p><b>I am available to sub in the following buildings: (√ all that apply)</b></p> <p> <input type="checkbox"/> Cetronia Elem    <input type="checkbox"/> Parkway Manor Elem  <input type="checkbox"/> Fogelsville Elem    <input type="checkbox"/> Schnecksville Elem  <input type="checkbox"/> Ironton Elem    <input type="checkbox"/> Orefield Middle  <input type="checkbox"/> Jaindl Elem    <input type="checkbox"/> Springhouse Middle  <input type="checkbox"/> Kernsville Elem    <input type="checkbox"/> Parkland High  <input type="checkbox"/> Kratzer Elem    <input type="checkbox"/> Veterans Memorial         </p>
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<b>Section 3</b>	<p><b>I AM AVAILABLE ON ( CIRCLE ALL THAT APPLY):</b>    <b>Mon</b>    <b>Tues</b>    <b>Wed</b>    <b>Thurs</b>    <b>Fri</b></p>
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<b>Section 4</b>	<p><b>*ONLY Substitute Teachers MUST Complete:</b></p> <p><b>MY CERTIFICATION IS:</b> (√ all that apply)</p> <p> <input type="checkbox"/> Elementary &amp; Middle Level  <input type="checkbox"/> Pre K-4 ]  <input type="checkbox"/> 4-8  <input type="checkbox"/> K-6  <input type="checkbox"/> Mid Level (7-8)  <input type="checkbox"/> Subject Area _____         </p> <p style="text-align: center;"><b>Special Education</b></p> <p style="text-align: center;"> <input type="checkbox"/> Pre K-8  <input type="checkbox"/> 7-12  <input type="checkbox"/> K-12         </p> <p style="text-align: center;"><b>Secondary Level (7-12)</b></p> <p style="text-align: center;"> <input type="checkbox"/> Subject Area _____  <input type="checkbox"/> School Nurse (Certified)  <input type="checkbox"/> Guest Teacher  <input type="checkbox"/> Retiree         </p> <p>Are you currently receiving PSERS Retirement Benefits?    <b>Y</b> or <b>N</b></p> <p><b>EMERGENCY CONTACT NAME AND NUMBER:</b>          _____</p>
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<b>Section 5</b>	<p><b>I would like to be on the sublist for: (√ all that apply)</b></p> <p> <input type="checkbox"/> Clerical  <input type="checkbox"/> Nurse (must be R.N.)  <input type="checkbox"/> Hall Monitor  <input type="checkbox"/> Health room aide (must be (LPN/R.N.)  <input type="checkbox"/> Paraprofessional  <input type="checkbox"/> Playground aide  <input type="checkbox"/> Teaching Assistant         </p>
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