

**LOCKWOOD SCHOOL DISTRICT #26
SUBSTITUTE PROFILE SHEET
2018-2019 SCHOOL YEAR**

DATE _____

EMPLOYEE # _____

OFFICE USE ONLY

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE # _____

E-MAIL ADDRESS _____

PREFERRED CONTACT METHOD:(Mark all that apply) TEXT _____ CALL _____ E-MAIL _____

AVAILABILITY: A.M. _____ P.M. _____ ALL DAY _____ ANY DAY _____

MONDAY _____ TUESDAY _____ WEDNESDAY _____ THURSDAY _____ FRIDAY _____

Please list any other restrictions on your availability _____

SUBSTITUTE TEACHERS & PARAPROFESSIONALS

Are you Certified? _____ In what area? _____

(Please provide a copy of your certificate if we don't currently have one)

Do you have a degree? _____ Degree _____

As a Substitute Teacher would you be willing to sub as a Paraprofessional? _____

Please indicate the ORDER of the grade level(s) that you prefer:

Elementary _____ Middle School _____ All areas _____

Other comments: _____
