CLEVELAND METROPOLITAN SCHOOL DISTRICT

SUBSTITUTE TEACHER PREFERENCE FORM

2014-2015 School Year

Access ID	2014-2013 Belloof Tear	
Last Name	First Name	
Social Security _XXX-XX	Telephone ()	
Your e-mail address will be used to send	you your access information to the subs	stitute management system so you can obtain jobs.
E-Mail Address		
Address		
	City	State Zip
Certification	Expiration Date	
Do you speak another language \square Yes \square	No If yes,	
Please check a maximum of five subjects	Femal	le 🚨 Male
ELEMENTARY	VOCATI	ONAL EDUCATION
☐ Child Development/Pre	-school	tive Media
☐ Kindergarten		onal Business
Primary Elementary Gr		Occupations
Upper Elementary Grad		ss Education
☐ Middle Grades 6-8	☐ Market	
☐ K-8 Music	☐ Other_	
☐ K-8 Gifted		
□ K-8 Art		N LANGUAGE
☐ K-8 Physical Education	Spanish	h
☐ Library/Media		□ K-8 □ 7-12
	☐ Chinese	e
	☐ Greek	□ K-8 □ 7-12
BILINGUAL	☐ Other_	
☐ Bilingual Child Develo	pment/Pre-K/Kindergarten	
Bilingual Primary Elem		L EDUCATION
Bilingual Upper Element		ive Disability
☐ Bilingual Middle Grade		al Cognitive Disability
☐ ESL K-12		ally Fragile
		Disabled/Autism
		onally Disturbed
SECONDARY		edic Handicap
☐ Art		g /Audiology
☐ English_		y Impaired
☐ Health ☐ Physical Edu		Special Education
☐ Math	□ All	
☐ General Science/Life ☐	Chemistry/Physics All	
☐ Social Studies		
☐ Library/Media		
☐ Music		
<u>I will be availabl</u>	e to work at all locations/re	gions.
Signature	Date	
Human Resources Representative	Date	

When completed, please send to: Diane Hlavaty, Substitute Coordinator, Human Resources, Cleveland Metropolitan School District, 1111 Superior Avenue E, #1829A, Cleveland, OH 44114 or diane.hlavaty@clevelandmetroschools.org.