Woodridge School District 68 7925 Janes Avenue Woodridge, Illinois 60517

TO: CERTIFIED SUBSTITUTES

FROM: Dr. William Schmidt, Assistant Superintendent for Human Resources

RE: NOTIFICATION OF INTENT

We would like to thank you for your valuable contribution as a substitute during this past school year and make special note of your contribution to Woodridge School District 68. Because of our need to know availability for the 2023-2024 School Year, please sign and return this form by August 1, 2023.

If you did not sub in any capacity during the 2022-2023 school year; you will be inactivated on June 15th. You will then need to reapply as a new substitute.

Our District calls for several customary vacation/recess periods during the school year. Following each of these periods as established by the 2023-2024 school calendar, you will remain as a substitute for the district.

November 22, 2023 – November 24, 2023 December 25, 2023 – January 5, 2024 March 25, 2024 – April 2, 2024

This notification is not intended to create a contract of employment or to alter an existing contract of employment, if any. For your convenience, a copy of the 2023-2024 school calendar, payroll schedule and updated Certified Substitute Pay Scale is attached. We look forward to your return, and hope you have an enjoyable summer vacation

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PLEASE COMPLETE AND FORW		OURCES BY 08 , ICATION OF R	
	I hereby acknowledg	ge receipt of this	s notice.
I wish to be a substitute for the 202	23-2024 school years:	Yes	□ No
 Signature	Print Nan	Jame	
 Date			

Substitute Evaluation Form

As a valuable member of our staff, we request your feedback regarding your experience in Woodridge School District 68. Please share with us the positive aspects of the substitute program and ways we could improve our Substitute Program. Thank you for your service to the District and for providing us feedback.

Please list 1-4 positive aspects of the Substitute Program:

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WOODRIDGE SCHOOL DISTRICT 68

7925 Janes Avenue Woodridge, IL 60517

SUSBSTITUTE TEACHER REGISTRATION

2023-2024 School Year

Name		Date			
Address	City	State	Zip Code		
Telephone Number					
Email Address					
Type of License ☐ Substitute License ☐ Profession	onal Educator License 🗆 Par	aprofessional 🗆 🛭	Alternative License		
IEIN Number:	License Expiration D)ate:			
Please note that your License mus	t be registered for the prese	nt school year wit	th the DuPage Regiona		
Office of Education. Please check the	appropriate areas for which	vou prefer to sub	stitute		
<u></u>	<u></u>	, ou protes to our			
	ELEMENTARY PreSchool-6 th	Grade			
☐ Preschool/ Early Childhood ☐ Art	☐ Elementary Classroo ☐ Music and/or Band				
☐ Physical Education	☐ Bilingual Teacher- Sp	oanish			
☐ Bilingual Resource☐ Learning Resource Specialist		necialist/ Snecial F	ducation		
☐ MLP/Autism- Grades K-3 or 4-6 ☐ Floating Substitute		•	ducation		
	JUNIOR HIGH 7 th – 8 th Gra	ade			
☐ Graphic Arts	☐ Language Arts				
☐ Music and/or Band	☐ Social Studies/ Finar	ncial Literacy			
☐ Math	☐ World Language				
☐ Science	☐ Physical Education				
☐ STEM	☐ Floating Substitute	anaialiat / Canaial F	·daakia		
☐ Bilingual Resource ☐ MLP/Autism- Grades 7-8 (Multi	Learning Behavior Spaces Special Education	pecialist/ Special E	ducation		
☐ MLP/Autism- Grades 7-8 (Multi	iveeus Speciai Education)				
Specific Schools or Days Only:					