

Woodridge School District 68  
7925 Janes Avenue  
Woodridge, Illinois 60517

DATE: June 14, 2021  
TO: CLASSIFIED 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 2021-2022 school year, please sign and return this form by August 2, 2021.

If you did not sub in any capacity during the 2020-2021 school year; you will be inactivated on July 31st. 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 2021-2022 school calendar, you will remain as a substitute for the district.

November 22, 2021 – November 26, 2021  
December 20, 2021 – January 3, 2022  
March 28, 2022 – April 1, 2022

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 2021-2022 school calendar is attached.

We look forward to your return, and hope you have an enjoyable summer vacation

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PLEASE COMPLETE AND FORWARD TO PERSONNEL OFFICE BY **08/02/2021**  
VERIFICATION OF RECEIPT

I hereby acknowledge receipt of this notice.

I wish to be a substitute for the 2021-2022 school year:  Yes  No

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**WOODRIDGE SCHOOL DISTRICT 68**

7925 Janes Avenue

Woodridge, IL 60517

**SUBSTITUTE SUPPORT STAFF REGISTRATION**

**2021-2022 School Year**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Email Address: \_\_\_\_\_

Type of License:  PARA License

IEIN Number: \_\_\_\_\_ License Expiration Date: \_\_\_\_\_

**Please note that your Paraprofessional License (PARA) must be registered for the present school year with the DuPage Regional Office of Education.**

Please check the appropriate areas for which you would be prefer to substitute

**ELEMENTARY K-6**

- |  |                                      |   |
|--|--------------------------------------|---|
| <input type="checkbox"/> Front Office Secretary                          | <input type="checkbox"/> Health Aide | <input type="checkbox"/> Autism Teaching Assistant    |
| <input type="checkbox"/> Floating Teaching Assistant                     |                                      | <input type="checkbox"/> Bilingual Teaching Assistant |
| <input type="checkbox"/> MLP TA - Grades 4-6 (Multi Needs Special Ed)    |                                      | <input type="checkbox"/> LRC Assistant                |
| <input type="checkbox"/> MLP TA - Grades K-3 (Multi Needs Special Ed)    |                                      | <input type="checkbox"/> Title 1 Teaching Assistant   |
| <input type="checkbox"/> Early Childhood or Preschool Teaching Assistant |                                      | <input type="checkbox"/> Inclusion Teaching Assistant |

**JUNIOR HIGH (7 & 8 GRADES)**

- |   |   |
|---|---|
| <input type="checkbox"/> Floating Teaching Assistant                  | <input type="checkbox"/> Inclusion Teaching Assistant |
| <input type="checkbox"/> MLP TA - Grades 7-8 (Multi Needs Special Ed) | <input type="checkbox"/> LRC Assistant                |

**Specific Schools or Days Only:**

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## **Support Staff 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:**

1. 

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**Please list 1-4 suggested improvements to our Substitute Program:**

1. 

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2. 

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3. 

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4. 

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