

Guest Teacher Preference Survey

Print Full Name: _____
(Last, First, Middle)

Preferred Email address: _____ Preferred Phone Number: _____

Days Available: M TU W TH F School Hours Available: All Day Other _____

School Location:

Please check next to the locations you prefer

Note: The numbers after each option are for processing purposes, please disregard.

Other Programs:

- | | |
|---|--|
| <input type="checkbox"/> All Elementary Schools (121000) | <input type="checkbox"/> Early Childhood Ed. (ECE) (121200) |
| <input type="checkbox"/> All Middle Schools (122000) | <input type="checkbox"/> ESC Building (121240) |
| <input type="checkbox"/> All High Schools (123000) | <input type="checkbox"/> Independence Academy (121951) |

Language Skills

Proficient other than English

Spanish

Select Proficiency Level:

Reading: Medium High

Speaking: Medium High

Writing: Medium High

French

Select Proficiency Level:

Reading: Medium High

Speaking: Medium High

Writing: Medium High

German

Select Proficiency Level:

Reading: Medium High

Speaking: Medium High

Writing: Medium High

Mandarin Chinese

Select Proficiency Level:

Reading: Medium High

Speaking: Medium High

Writing: Medium High

Arabic

Select Proficiency Level:

Reading: Medium High

Speaking: Medium High

Writing: Medium High

American Sign Language

Select Proficiency Level:

Reading: Medium High

Speaking: Medium High

Writing: Medium High

Other _____

Select Proficiency Level:

Reading: Medium High

Speaking: Medium High

Writing: Medium High