

**SUBSTITUTE TEACHER QUESTIONNAIRE
SHAWSHEEN VALLEY TECHNICAL HIGH SCHOOL**

DATE: _____

Name: _____

Home Phone: _____ Preferred

Cell Phone: _____ Preferred

E-Mail: _____

Address: _____

Please identify **academic programs** in which you would like to substitute:

Please identify **vocational/technical shops** in which you would like to substitute:

Please identify **days of the week** you are available to substitute:

Summarize Relevant Experience (if any):

Additional Comments:

Please return form to:

Diane Cedorchuk

dcedorchuk@shawtech.org

Shawsheen Valley Technical High School

100 Cook Street

Billerica, MA 01821

Office Use Only:

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