

GREAT FALLS PUBLIC SCHOOLS  
1100 Fourth Street South  
Great Falls, MT 59403  
2010-2011  
CLASS/GRADE PREFERENCE FORM  
SUBSTITUTE TEACHERS

NAME \_\_\_\_\_ TELEPHONE# \_\_\_\_\_

ADDRESS \_\_\_\_\_ CELL# \_\_\_\_\_

PREFERRED SCHOOLS \_\_\_\_\_ PREFERRED DAYS \_\_\_\_\_

Please indicate in the spaces below the **grade levels and/or subject areas** in which you would like to substitute teach.

Elementary (K-6)

Middle School (7-8)

High School (9-12)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please check any specialized areas of teaching in which you would be willing to substitute:

7:00AM classes     Drama     Health/PE     Music  
 Study Skills  
 Art     French     Weight Training     Reading Resource     Family/Consumer  
Science  
 At Risk     German     Journalism     Spanish  
 Swimming  
 Business     Gifted Ed     Library     Special Ed     LifeGuard  
Certificate  Yes  No  
 Computers     Industrial Tech     Math Tutor     Speech

Montana Teacher's License: \_\_\_\_\_

Teaching Endorsements: \_\_\_\_\_

Expiration Date \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date