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**EXTENDED SCHOOL YEAR (ESY) SERVICES**

**SUMMER 2018**

In-District Applicants Only

Applications must be submitted to the Human Resources Department.

Positions will be open until filled.

**Submission of an application is no guarantee of selection for an ESY position.**

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| Name: | | | Click here to enter text. | | | | | Telephone: | | Click here to enter text. | |
| Address: | | | | Click here to enter text. | | | | | | | |
| Current Position: | | | | | Click here to enter text. | | | School Site: | | | Choose an item. |
| Position(s) you are applying for:  ESY Teacher  ESY instructional Assistant | | | | | | | | | | | |
| Preferred ESY Location: | | | | | | CHS feeder pattern at Sunrise Elementary  GHS feeder pattern at Berino Elementary  STHS feeder pattern at Desert View Elementary  Residential Treatment Center (RTC) | | | | | |
| Have you worked ESY in the past?  Yes  No | | | | | | | | | | | |
| If yes, how many years’ experience do you have and in what setting(s)? | | | | | | | | | Click here to enter text. | | |
| Students from the following SPED settings will participate in ESY: EC, ASC, BSC, LSC, DSC, and SSC.  Which of these SPED settings best suites your style and experience as **Teacher/Instructional Assistant?**  EC  ASC  BSC  LSC  DSC  SSC | | | | | | | | | | | |
| Why? | | Click here to enter text. | | | | | | | | | |
| Which program least suits your style of instruction?  EC  ASC  BSC  LSC  DSC  SSC | | | | | | | | | | | |
| During the ESY program, classrooms will have students with a variety of educational needs and cognitive abilities. How or what would you do to make sure each student is educated appropriately? | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | |
| References: | | | | | | | | | | | |
| 1) | Click here to enter text. | | | | | | Telephone # | Click here to enter text. | | | |
| 2) | Click here to enter text. | | | | | | Telephone # | Click here to enter text. | | | |
| 3) | Click here to enter text. | | | | | | Telephone # | Click here to enter text. | | | |

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click here to enter a date.