Waiver for Extension of a Substitute Teacher Without Valid Teaching Certification

District:		
Superintendent:		
Name of Substitute Teacher:		
Address of Substitute Teacher:		
Subject/Content Area:		
Check one box: \Box 41-90 days \Box Over 90 Days Note that each time frame requires a separate waiver		
Please explain the cause of the vacancy and when the vacancy occurred. Please include whether it was as a result of a retirement, resignation or a new position:		
Specific reasons why there is a need for the services of this substitute:		
Specific reasons why the employment of this particular substitute is in the best educational interests of the district or board:		

What specific steps did the District take to recruit a certified candidate and how did the District locate this substitute if it was not through the recruitment process. Please include information on the number of candidates that applied for the position and indicate if any were certified. For each certified person that applied, list why they were not selected. If no certified persons applied, just state so.			
this po	• •	which the job advertisement was placed to fill rads, online job listings and district staff	
	The District has undertaken a good faith recruitment search for a properly certified candidate and has determined no certified candidate can be found.		
	The District verifies that the substitute will participate in all applicable professional development as prescribed in the District's professional development plan. This includes, but is not limited to, classroom management, cultural competency, linguistic competency, understanding the needs of ENL students, working with children with special needs and best practice pedagogy.		
	The candidate has been fingerprinted and has Child Abuse identification and D.A.S.A training.		
Superin	ntendent Signature:	Date:	
District	t Superintendent Signature:	Date:	