TO: Teachers Interested in Substitute Teaching  
FROM: Timm Mackley, Superintendent  
RE: Substitute List

We are updating the Knox County Schools' Substitute Teacher List. If you are interested in substituting in the Knox County Schools and/or Clear Fork Local Schools during school year 2018-19, we will need the following information:

1. Application -- Please indicate on the application form the school districts where you wish to substitute.

2. House Bill 190 passed in November, 2007 by the Senate and House. The bill requires that Educational Service Centers request criminal records checks for all applicants for employment. The records checks must include both BCII and FBI records. The cost for the records checks is $60.00. (The Knox Educational Service Center offers this service week days from 8:00 - 3:00.)

3. **Statement Regarding Criminal Record** - Please complete both sides of the two-page form.

4. **A completed Employment Eligibility Verification Form** (Enclosed) -- Please complete the top half of this form and bring it along with the documentation requested on the lower half of the form to the Knox County Educational Service Center's office. (Note: A social security card will be required for payroll purposes.)

5. **Fraud Reporting-System Information Form**

6. **A copy of a teaching or substitute teaching certificate/license.** If you need to apply for a substitute teacher license, please do so online at: [www.education.ohio.gov](http://www.education.ohio.gov)

   **Note:** Please submit application materials before applying for the substitute license.

7. **Completion of a Substitute Teacher Training**

   If you are not an experienced substitute or certified teacher, please see the enclosed information. You may substitute for the first two months while you are completing this training.

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**If, at any time during the school year you are no longer available to substitute, please notify Carla at 740-393-6767.** This will eliminate unnecessary calls being made to your home as well as save time for the people in charge of obtaining substitute teachers.
TO: Substitute Teachers
FROM: Timm Mackley, Superintendent

NAME ___________________ DATE ___________________

ADDRESS ___________________________________________

PHONE ___________________ EMAIL ___________________

Have you lived continuously in Ohio for the past five years? _____ YES _____ NO
Are you retired? _____ YES _____ NO
Are you receiving retirement from a public employment system? _____ YES _____ NO

Circle the school districts in which you wish to substitute:

Centerburg Clear Fork Danville EKHS/EKElem Fredericktown

ESC Classrooms: ED Learning Center MH Preschool

Do you have a current valid teaching or substitute license on file with the Knox Educational Service Center? Yes ____ No ____

If no, please go to the Ohio Department of Education website to apply: (education.ohio.gov)

Please give the following information regarding your teaching license:

Early Childhood (PK-3), Middle Childhood (4-9), High School (7-12), Multi-Age, Intervention Specialist (K-12)

Areas of validity (example - history, art): _______________________________________

Dates of validity (example - 2017 - 2018): _______________________________________

In what areas or grade levels do you wish to substitute? _______________________________________

Please circle any days you are not available for substituting:

MONDAY    TUESDAY    WEDNESDAY    THURSDAY    FRIDAY

- OVER -
1. Have you ever been convicted of, found guilty of, or pled guilty to any misdemeanor other than traffic offenses?

YES______  NO______

2. Have you ever been convicted of, found guilty of, or pled guilty to any felony?

YES______  NO______

It is understood and agreed that Knox Educational Service Center may contact former employer(s) for verification of my employment history and the Bureau of Criminal Identification and Investigation (BCI) for a background check and I hereby consent to such inquiries.

I understand that if I am employed prior to the district's receipt of the BCI/FBI report and verification of my work experience, my continued employment will be conditioned on:
(1) satisfactory work experiences as verified by contracts with former employers and
(2) receipt of a report demonstrating that I am in compliance with the Educational Service Center's rules and regulations regarding applicant/employee criminal records and disclosure of criminal convictions.

I further understand that falsification of any and all information on this application shall result in my being disqualified from employment or in my employment being terminated. By affixing my signature, I agree to the conditions listed on this application and will, if employed, tender my resignation or employment should I fail to fulfill these conditions.

_________________________  ______________________
SIGNATURE                  DATE
STATEMENT OF JOB APPLICANT REGARDING CRIMINAL RECORD
(O.R.C. 3319.39)

I, ____________________________, have not been convicted of, or entered a guilty plea to, any of the following offenses OR ANY PRIOR OR EXISTING LAWS OF OHIO WHICH ARE SUBSTANTIALLY SIMILAR OR ANY PRIOR OR EXISTING LAWS OR ANOTHER STATE OR THE FEDERAL GOVERNMENT WHICH ARE SUBSTANTIALLY SIMILAR:

2903.01 Aggravated murder
2903.02 Murder
2903.03 Voluntary manslaughter
2903.04 Involuntary manslaughter
2903.11 Felonious assault
2903.12 Aggravated assault
2903.16 Failing to provide for a functionally impaired person
2903.21 Aggravated menacing
2905.01 Kidnapping
2905.02 Abduction
2905.04 Child stealing (former law)
2905.05 Child enticement
2907.02 Rape
2907.03 Sexual battery
2907.04 Corruption of a minor
2907.05 Gross sexual imposition
2907.06 Sexual imposition
2907.07 Importuning
2907.08 Voyeurism
2907.09 Public indecency
2907.12 Felonious sexual penetration
2907.21 Compelling prostitution
2907.22 Promoting prostitution
2907.23 Procuring
2907.25 Prostitution
2907.31 Disseminating matter harmful to juveniles
2907.32 Pandering obscenity
2907.321 Pandering obscenity involving a minor
2907.322 Pandering sexually oriented matter involving a minor
2907.323 Illegal use of minor in nudity-oriented material or performance
2911.01 Aggravated robbery
2911.02 Robbery
2911.11 Aggravated burglary
2911.12 Burglary
2919.12 Unlawful abortion
2919.22 Endangering children
2919.23 Interference with custody (child stealing)
2919.24 Contributing to unruliness or delinquency of a child
2919.25 Domestic violence
2923.12 Carrying concealed weapons
2923.13 Having weapons while under disability
2923.161 Improperly discharging a firearm at or into a habitation or school
2925.02 Corrupting another with drugs
2925.03 Trafficking in drugs
2925.04 Illegal manufacture of drugs or cultivation of marijuana
2925.05 Funding of drug or marijuana trafficking
2925.06 Illegal administration or distribution of anabolic steroids
2925.11 Drug possession (other than minor offense)
3716.11 Placing harmful objects in food or confection

OR

ANY FELONY, OR ANY OFFENSE OF VIOLENCE, THEFT OFFENSE, OR DRUG ABUSE OFFENSE, UNDER EITHER STATE LAW OR ANY SIMILAR MUNICIPAL ORDINANCE THAT IS NOT A MINOR MISDEMEANOR.

__________________________________________
(Signature of applicant)*

Date signed: ______________________________

*If you cannot sign this form for any reason please write an explanation on a separate page or discuss directly with the Superintendent.

OVER
ADDITIONAL QUESTIONS FOR APPLICANT

1. Have you ever been charged with one of the offenses listed on the preceding page, and subsequently been convicted of, or pleaded guilty or no contest to, a lesser offense based on the same incident?
   ____ YES  ____ NO  If “YES”, please give details below:

2. Have you ever been convicted of, or pleaded guilty or no contest to, an ATTEMPTED version of any of the offenses listed on the preceding page?  ____ YES  ____ NO
   If “YES”, please give details below:

3. Have you ever been subject to an investigation or child abuse conducted by a Children’s Service agency or a law enforcement agency?  ____ YES  ____ NO
   If “YES’, please give details below and indicate the results of the investigation:

________________________________________________________________________

(Signature of Applicant)

Date signed: ____________________________
Dear Staff:

In 2003, then Auditor of State Betty Montgomery created the Auditor of State’s fraud hotline. The hotline was established as a way for all Ohioans to report potential fraud throughout government.

There is now new legislation that has a direct impact on all public employers. On the bill’s effective date, May 4, 2012, public offices, including public schools, must make their employees aware of the fraud-reporting system. The statute requires that an employer have all employees sign off that they have received the guidelines for reporting fraud. The guidelines for reporting fraud are on the bottom of this page. The letterhead form is what you sign and return to the Board Office as soon as possible.

This form will be kept for the auditor to review upon request.

Thank you for your help in this matter.

Sincerely,

Timm Mackley

The Ohio Auditor of State’s office maintains a system for the reporting of fraud, including misuse of public money by an official or office. The system allows all Ohio citizens, including public employees, the opportunity to make anonymous complaints through a toll free number, the Auditor of State’s website, or through the United State mail.

Auditor of State’s Fraud contact information:

Telephone: 1-866-FRAUD OH (1-866-372-8364)

US Mail: Ohio Auditor of State’s office
Special Investigations Unit
88 East Broad Street
P.O. Box 1140
Columbus, Ohio 43215

Web: www.ohioauditor.gov
Acknowledgement of receipt
of Auditor of State fraud-reporting system information

Pursuant to Ohio Revised Code 117.103(B)(1), a public office shall provide information about
the Ohio fraud-reporting system and the means of reporting fraud to each new employee upon
employment with the public office.

Each new employee has thirty days after beginning employment to confirm receipt of this
information.

By signing below, you are acknowledging that the Knox County Educational Service Center
provided you information about the fraud-reporting system as described by Section 117.103(A)
of the Revised code, and that you read and understand the information provided. You are also
acknowledging you have received and read the information regarding Section 124.341 of the
Revised Code and the protections you are provided as a classified or unclassified employee if
you use the before-mentioned fraud-reporting system.

I________________________have read the information provided by my employer regarding the fraud-
reporting system operated by the Ohio Auditor of State's office. I further state that the
undersigned signature acknowledges receipt of this information.

PRINT NAME, TITLE AND DEPARTMENT

PLEASE SIGN NAME DATE
Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name)  First Name (Given Name)  Middle Initial  Other Last Names Used (if any)

Address (Street Number and Name)  Apt Number  City or Town  State  ZIP Code

Date of Birth (mm/dd/yyyy)  U.S. Social Security Number  Employee's E-mail Address  Employee's Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

[ ] 1. A citizen of the United States

[ ] 2. A noncitizen national of the United States (See instructions)

[ ] 3. A lawful permanent resident (Alien Registration Number/USCIS Number)

[ ] 4. An alien authorized to work until (expiration date if applicable, mm/dd/yyyy) (See instructions)

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:
An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number:

1. Alien Registration Number/USCIS Number

OR

2. Form I-94 Admission Number

OR

3. Foreign Passport Number

Country of Issuance

Signature of Employee  Today's Date (mm/dd/yyyy)

Preparer and/orTranslator Certification (check one):

[ ] I did not use a preparer or translator.  [ ] A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator  Today's Date (mm/dd/yyyy)

Last Name (Family Name)  First Name (Given Name)

Address (Street Number and Name)  City or Town  State  ZIP Code

Form I-9 07/17/17

Employer Completes Next Page
Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee’s first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

<table>
<thead>
<tr>
<th>Employee Info from Section 1</th>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>M.I.</th>
<th>Citizenship/Immigration Status</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>List A</th>
<th>OR</th>
<th>List B</th>
<th>AND</th>
<th>List C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Title</td>
<td>Document Title</td>
<td>Document Title</td>
<td>Document Title</td>
<td></td>
</tr>
<tr>
<td>Issuing Authority</td>
<td>Issuing Authority</td>
<td>Issuing Authority</td>
<td>Issuing Authority</td>
<td></td>
</tr>
<tr>
<td>Document Number</td>
<td>Document Number</td>
<td>Document Number</td>
<td>Document Number</td>
<td></td>
</tr>
<tr>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
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<td>Document Title</td>
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<td>Issuing Authority</td>
<td>Issuing Authority</td>
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<td>Document Number</td>
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<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
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</tr>
</tbody>
</table>

Additional Information

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): ____________________________ (See instructions for exemptions)

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Today's Date (mm/dd/yyyy)</th>
<th>Title of Employer or Authorized Representative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Manager</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Last Name of Employer or Authorized Representative</th>
<th>First Name of Employer or Authorized Representative</th>
<th>Employer's Business or Organization Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Douglas</td>
<td>Carla</td>
<td>Knox ESC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employer's Business or Organization Address (Street Number and Name)</th>
<th>City or Town</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>308 Martinsburg Road</td>
<td>Mount Vernon</td>
<td>OH</td>
<td>43050</td>
</tr>
</tbody>
</table>

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) | B. Date of Rehire (if applicable)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Date (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Document Number</th>
<th>Expiration Date (if any) (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Today's Date (mm/dd/yyyy)</th>
<th>Name of Employer or Authorized Representative</th>
</tr>
</thead>
</table>
LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

<table>
<thead>
<tr>
<th>LIST A</th>
<th>Documents that Establish Both Identity and Employment Authorization</th>
<th>LIST B</th>
<th>Documents that Establish Identity</th>
<th>AND</th>
<th>LIST C</th>
<th>Documents that Establish Employment Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>U.S. Passport or U.S. Passport Card</td>
<td>1.</td>
<td>Driver’s license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</td>
<td>2.</td>
<td>ID card issued by federal, state or local government agencies or entities provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</td>
<td>3.</td>
<td>School ID card with a photograph</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Employment Authorization Document that contains a photograph (Form I-766)</td>
<td>4.</td>
<td>Voter’s registration card</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>5.</td>
<td>For a nonimmigrant alien authorized to work for a specific employer because of his or her status:</td>
<td>5.</td>
<td>U.S. Military card or draft record</td>
<td></td>
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<tr>
<td></td>
<td>a. Foreign passport; and</td>
<td>6.</td>
<td>Military dependent’s ID card</td>
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<tr>
<td></td>
<td>b. Form I-94 or Form I-94A that has the following</td>
<td>7.</td>
<td>U.S. Coast Guard Merchant Mariner Card</td>
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<td></td>
<td>(1) The same name as the passport and</td>
<td>8.</td>
<td>Native American tribal document</td>
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<tr>
<td></td>
<td>(2) An endorsement of the alien’s nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form</td>
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<td>6.</td>
<td>Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</td>
<td>For persons under age 18 who are unable to present a document listed above:</td>
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<td>10.</td>
<td>School record or report card</td>
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<td>11.</td>
<td>Clinic, doctor, or hospital record</td>
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<td>12.</td>
<td>Day-care or nursery school record</td>
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<tr>
<td>1.</td>
<td>A Social Security Account Number card, unless the card includes one of the following restrictions:</td>
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<td></td>
<td>(1) NOT VALID FOR EMPLOYMENT</td>
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<td></td>
<td>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</td>
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<td></td>
<td>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</td>
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<tr>
<td>2.</td>
<td>Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</td>
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<td>3.</td>
<td>Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</td>
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<td>4.</td>
<td>Native American tribal document</td>
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<td>5.</td>
<td>U.S. Citizen ID Card (Form I-197)</td>
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<td>6.</td>
<td>Identification Card for Use of Resident Citizen in the United States (Form I-179)</td>
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<tr>
<td>7.</td>
<td>Employment authorization document issued by the Department of Homeland Security</td>
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</tbody>
</table>

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.
TO: Substitute Teachers
FROM: Timm Mackley, Superintendent
DATE: July 1, 2014
RE: Knox County ESC Board Policy Regarding Substitute Teachers

The policy of the Knox County Educational Service Center Governing Board states that substitute teachers are required to complete a substitute teacher training. The online course takes between 8 – 10 hours to complete and is followed by a SubAssessment. Your cost is $39.95.

The course covers classroom management, teaching strategies, being prepared and professional, special education, and appropriate use of fill-in activities.

The attached flyer includes information on how to register, and has some "Important Notes" that will be helpful to you as you complete this course.

The workshop is required for:

- individuals who have not taught full-time within the last three years or who have not substitute taught for a minimum of thirty (30) days within the last three years;
- individuals who have a baccalaureate degree and have a substitute teaching license.

If you feel you should be exempt from this training, please send a letter verifying the number of days you have subbed in the last three years so we can record this information in your personnel file.

The workshop is not required for:

- individuals who have completed a program toward teacher licensure

We are asking that the course be completed within two months from the date you were approved by the ESC to be a substitute teacher. You are still eligible to sub for the first two months. If a SubDiploma is not received by the ESC within two months of your approval date, your name will be removed from the substitute teacher list until you have completed this requirement.

If you no longer wish to serve as a substitute teacher for Knox County Schools, please notify Carla at 393-6767 as soon as possible. This will eliminate unnecessary calls being made to your home as well as save time for the person in charge of obtaining a substitute teacher.

cd
Welcome to the Knox County ESC Substitute Teacher Training

Thank you for substitute teaching and for your willingness to complete this course. The training takes between 8 - 10 hours, including a SubAssessment at the end of each section of training.

The course covers:
- Classroom Management
- Teaching Strategies
- Being Prepared and Professional
- Special Education
- Orientation and Legal Issues

To Register:

1. At the website www.stedi.org, select “Purchase Courses” in the blue bar, then select SubSkills Option A or Option B. Any other selection is optional.
2. Click on “Purchase Now” and then “Add to Cart”. The course is automatically added to your shopping cart at $39.95.
3. Select “Proceed to Checkout” where you will create an account as you register for the course. Make sure to choose “Knox County ESC” as your school district under the state of Ohio when you register.

Once you complete your transaction, if you have chosen Option A, you will be able to begin your training immediately. Just click on “Your Profile” in the top right corner, then select “My Courses/Certificates” to see a list of “Registered Courses”. Click on the title of the first course to get started.

If you have chosen Option B, we will send your printed Substitute Teacher Handbook via USPS Priority Mail, so you should have it within a week. You will still have to take your SubAssessments online. To access the assessments, log in at stedi.org, choose “Your Profile” in the top right corner, then select “My Courses/Certificates” to see the list under “Registered Courses”. Click on the title of the “SubAssessment Only” that you are ready to take.

IMPORTANT NOTES:

In the online training, once you complete studying each page/topic, mark it complete. When all topics are marked complete, mark the Lesson itself complete in order to access the SubAssessment related to the chapter you have just studied. The assessments are the only timed portions of the course.

1. After submitting the answers to the questions (10-20 multiple choice, depending on the chapter), you will see a page showing your score. Just under that, a dark blue button that says “View Questions” will allow you to see the questions you answered incorrectly with the answers you selected that were NOT THE BEST answer. If you navigate away from this page without accessing the review, there is no way to see your test answers again.
2. Use these as a study guide before re-taking the assessment.
3. You are given four (4) attempts in each of the five skill areas to reach your best score (the computer always keeps your highest score).
4. The composite score is not the same as an average. A mathematical formula gives more weight to Classroom Management than any other section, so that section is the longest (20 questions).
5. The district requires an 85% composite score.

Once you have completed the assessments for all five sections, the SubDiploma with your name on it is available for you to see and print to give to your district. The link for that is an icon that looks like a tiny gray certificate and can be found next to any scores for Special Education that are at least 60%.

When you register for the course, you will have access for one year and may come and go as often as you like. Only the pages of the Fill-In Activities that indicate they can be downloaded are available to actually print or download.

If you have any questions at all about registration or the course itself, please contact STEDI by emailing us at info@stedi.org or using the chat function at our website stedi.org. We are here Monday – Friday, 8:00 am – 4:30 pm, Mountain Time.

Don’t miss this great resource:

When you register for your course at STEDI.org, you’ll receive free access to biweekly tips on classroom management, professionalism, and fill-in activities through the SubSuggestions Newsletter.

Thanks for being willing to improve your skills to help students succeed in the classroom. By implementing the proven strategies presented in this training, you’ll play a vital role in their education.