

# Teacher Preference Form

Please indicate below your grade/program preference for the upcoming school year. All assignments are made based upon the instructional and programmatic needs of the students in compliance with the rules and regulations of the CPS – CTU Agreement (Contract). All assignments will take into account your certificate type(s) and/or endorsement(s) so we remain in compliance with all state and federal regulations. Please **DO NOT** indicate the same grade/program preference for each of your 3 choices. Please **only** indicate a grade or program for which you have the proper certificate or endorsement. **ALL** teachers must work under their current certification. Teaching assignments will be based on the needs of Thorp Scholastic Academy.

Please indicate below the type(s) of certificate(s) you currently hold and any endorsement(s) you hold:  
(Please attach a print out of your ISBE (ECS) Current Educator Credentials to this form <http://ecs.isbe.state.il.us> )

Certificates (Example: 03, 04, 09, etc.)

Endorsements

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**ALL** teachers holding a Type 03, 04 or 09 certificate, please indicate your grade level preferences:

Grade Level Preference

First Choice \_\_\_\_\_  
Second Choice \_\_\_\_\_  
Third Choice \_\_\_\_\_

Teachers holding specialized certificates (Example: Type 10, etc.) or endorsements, please indicate your program preferences below:

Program Preference

First Choice \_\_\_\_\_  
Second Choice \_\_\_\_\_  
Third Choice \_\_\_\_\_



Check if you have an endorsement or have taken courses in gifted instruction.

Check if you have an endorsement in school administration (Type 75).

Check if you are interested in coaching a sport and/or leading an extra or co-curricular program next year. Please indicate sport(s) and/or program(s) below.

**OR:**

\_\_\_\_\_ I will not be returning to Thorp for the next school year because:

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\_\_\_\_\_ I will not be returning to Thorp at the beginning of the school year. I will return on:

Month: \_\_\_\_\_ Year: \_\_\_\_\_

\_\_\_\_\_ I will return at the beginning of the school year but will be taking a leave, will be retiring, or will be resigning effective: Month: \_\_\_\_\_ Year: \_\_\_\_\_ If a leave, please indicate planned return date: Month \_\_\_\_\_ Year \_\_\_\_\_

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Please indicate below your Committee Preferences for the next school year (Indicate 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> choices.)

\_\_\_\_\_ Reading      \_\_\_\_\_ Math      \_\_\_\_\_ Science      \_\_\_\_\_ Social Studies      \_\_\_\_\_ Student Life  
\_\_\_\_\_ Writing      \_\_\_\_\_ Sp Ed      \_\_\_\_\_ Technology      \_\_\_\_\_ Data Team      \_\_\_\_\_ ILT

Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Additional comments or information may be placed below or on the back of this form.