

**Summer School Interview – 2020**  
**Extended School Year**  
**Certified Occupational Therapist Position**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

How would you assess student progress during summer school?

How would you schedule for and ensure that the students receive the appropriate number of minutes as designated on their IEP?

Are you available to teach the entire summer term?  Yes  No

**June 8 – June 26, Monday – Friday**

**Work schedule: TBD**

**Specific hours TBD based on enrollment**

If no, please list the date(s) you would be unavailable.

Are you available to attend the summer school meeting/therapist preparation day on June 5 from 8:00 a.m. - noon?  Yes  No

Would you be willing to substitute if a full-time position is not available?

Yes  No

**To be considered for a Summer School position, this form plus the appropriate Interest form needs to be returned to the Special Ed. Department at Hadley House.**

**Thank you!**