## **Canyons School District**

## OBLIGATORY TRANSFER FORM SPECIAL EDUCATION LICENSED EMPLOYEES

Total	Years	of
District	Experi	ence

Name:	Phone Number:	
Email:		
Current School:	Current Assignment:	Full time Part time
License Area(s):	Endorsements:	
*Obligatory Transfer teache	rs will be placed in positions for which	they are qualified*
Classroom Placement Preference (Rank in order	of Preference 1-8)	
Elem Resource: Elem Spec Class:	MS Resource: MS Spec Class: _	HS Resource:
HS Math Resource: HS Spec Class:	Special School:	
USBE Qualified in Special Ed Math?		
Elementary School Preference (Rank in order of P	Preference 1-4):	
1	3	
2	4	
Secondary School Preference (Rank in order of Preference)	eference 1-4):	
1	3	
2	4	
TEACHERS, PLEASE NOTE		
<ul> <li>Obligatory Transfer is the procedure us Transfer Request is the procedure that</li> </ul>		
If Obligatory Transfer educators decline District.	e a position offer, they will not be guara	nteed a position in Canyons School
		Date
Principal's Signature		

Submit to Tifny Iacona in Special Education by March 8<sup>th</sup> @ 12pm