UNIVERSITY of NORTH CAROLINA
ASHEVILLE
PROFESSIONAL EDUCATION
PROGRAMS

Substitute Teacher Training

Hybrid format includes on-line and on-campus components

Session I: August 4 – August 25
Session II: October 6 – October 29

Participants completing the training receive an Effective Teacher Training certificate of completion and 3 CEU credits.

Tuition: $95

This substitute teacher training course (Effective Teacher Training) is a course recommended for teaching and substituting in many NC school systems and is required for substituting in Buncombe County and Asheville City schools. Prerequisite: high school diploma or GED. Topics covered include:

- Developmentally effective teaching strategies
- Classroom management
- Developing sub packets with materials that will be valuable in the classroom
- Effective strategies for students with learning disabilities
- Procedures for emergency situations
- How to align units of study with the NC Course of Study
- NC Public School policy
- Legal issues

Required Textbook: *Substitute Teacher Handbook, 9th Edition, K-12*, can be purchased in the UNC Asheville bookstore

Questions? Contact Nancy Williams at nwilliam@unca.edu or 828/250-2353. **Website:** unca.edu/ett

Cancellation/Refund Policy: The Office of Professional Education Programs reserves the right to cancel any class due to low enrollment. In that event, you will receive a full refund. If you are registered and wish to drop this class, you must notify us at 828/250-2353 or email nwilliam@unca.edu at least five working days before the start of class in order to receive a refund **(less a $25 processing fee).**

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SUBSTITUTE TEACHER TRAINING Session: I II (circle one)

Return completed form with tuition payment to: Nancy Williams, UNC Asheville, One University Heights, CPO#1860, Asheville, NC 28804. Questions? Call 828/250-2353.

Name: _____ Phone: _____

Address: _____
city state zip

Email: _____

Payment of $95 must accompany registration form.

0 Check (made payable to UNCA) 0 Cash or Money Order 0 VISA 0 MasterCard

Credit Card Number: _____ Expiration Date: _____

Name as it appears on the Credit Card & Billing Address (if different from above):_____

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