

Texas Regional Collaboratives for Excellence in Science Teaching

Galveston Regional Collaborative



Teacher Application Form

Please type or neatly print the requested information.

Name _____

School where currently teaching _____

Please check all of the following that describe your certification level.

- Certified, Elementary Education (indicate specialization if applicable _____)
- Certified, Secondary Education (indicate subject(s): _____)
- Bilingual or ESL Endorsement
- Other endorsements or certifications (Please list: _____)
- Received certification through alternative certification program
- Not certified

Degrees Held

- B.A./B.S. (area) _____
- M.A./M.S.(area) _____
- Ed.D./Ph.D. (area) _____
- Working on Graduate Degree (area) _____

Grade Level and subjects currently teaching _____

Including the 2002-2003 school year, how many years have you been teaching? _____

Over your teaching career, which grade range have you taught the most? _____

Professional Association memberships _____

Briefly indicate your long-term career goal(s) _____

Please write a *brief* statement describing why you would like to participate in this program. How do you anticipate that this experience will benefit you and your students?

Contact Information:

Home Address	City	Zip Code
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Home Phone Number	Email
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Please return completed application form and recommendations from Supervisor and a Colleague *by 5:00 P.M., Oct. 10, 2003* to:

**Office of Educational Outreach
UTMB
301 University Boulevard, Route 0919
Galveston, Texas 77555-0919**

**Applications/recommendations may also be returned via FAX to:
(409) 772-7980**

**Additional information or questions can be addressed by calling:
(409) 772-7970**

Texas Regional Collaboratives for Excellence in Science Teaching

Galveston Regional Collaborative



Teacher Professional Development Program

**NOTE: Information on this page should be completed by the applicant.
PLEASE TYPE OR PRINT.**

SUPERVISOR'S RECOMMENDATION

To the Supervisor: The teacher whose name appears below is applying to participate in the Teacher Professional Development Program of the Galveston Regional Collaborative. Your candid estimate of professional and personal qualities is important to the selection committee in making the final selections for this unique program. Because of federal legislation giving persons access to educational records, we cannot guarantee the confidentiality of your statement unless the applicant has signed the waiver printed below. **Please return this form by Oct. 10, 2003, via FAX at (409) 772-7980 or mail in the stamped, addressed envelope provided by the teacher.**

NAME OF APPLICANT _____
Last First MI

HOME ADDRESS _____
City State Zip Code

APPLICANT'S SCHOOL _____

SUBJECTS TAUGHT _____

APPLICANT'S WAIVER OF RIGHT OF ACCESS TO CONFIDENTIAL STATEMENT:
I hereby freely and voluntarily waive my right of access to any information contained on this recommendation form and agree that the statement shall remain confidential.

Signature of Applicant

Date

SUPERVISOR'S RECOMMENDATION

1. How long have you known this applicant?

2. What subjects has the applicant taught?

What was the level of these courses (honors, accelerated, etc.)?

3. Comment, if possible, on how the applicant relates to his/her students.

4. Assess, if possible, the applicant's commitment to teaching. Specific examples are beneficial.

5. Comment, if possible, on the applicant's character, aims, and values. What are his/her strengths? What are his/her weaknesses?

6. Has this teacher received or been nominated for any awards, honors, fellowships, and/or special commendations? If so, please list.

7. Please add any additional comments that you think may be helpful to us in evaluating this applicant.

8. In comparison with other teachers I have supervised in this school and others, my recommendation of this applicant for selection in the Teacher Professional Development Program for the Galveston Regional Collaborative is as follows (place a mark in the appropriate box below):

	Not recommended	With some reservations	With strong support (Top 25%)	With great enthusiasm (Top 10%)	As one of my very best colleagues (Top 2%)
Professional commitment					
Professional potential					
Character & personal qualities					
Combined qualities					

Signature **Date**

Print your name **Title**

School **Telephone**

Address **City** **State** **Zip code**

Please return by *Oct. 10, 2003*, either via FAX to: (409) 772-7980 or mail in the preaddressed, stamped envelope provided by applicant.

Please call (409) 772-7970 if there are any questions.

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Teacher Professional Development Program

**NOTE: Information on this page should be completed by the applicant.
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COLLEAGUE'S RECOMMENDATION

To the Colleague: The teacher whose name appears below is applying to participate in the Teacher Professional Development Program of the Galveston Regional Collaborative. Your candid estimate of professional and personal qualities is important to the selection committee in making the final selections for this unique program. Because of federal legislation giving persons access to educational records, we cannot guarantee the confidentiality of your statement unless the applicant has signed the waiver printed below. **Please return this form by Oct. 10, 2003, via FAX at (409) 772-7980 or mail in the stamped, addressed envelope provided by the teacher.**

NAME OF APPLICANT _____
Last First MI

HOME ADDRESS _____
City State Zip Code

APPLICANT'S SCHOOL _____

SUBJECTS TAUGHT _____

APPLICANT'S WAIVER OF RIGHT OF ACCESS TO CONFIDENTIAL STATEMENT:
I hereby freely and voluntarily waive my right of access to any information contained on this recommendation form and agree that the statement shall remain confidential.

Signature of Applicant

Date

COLLEAGUE'S RECOMMENDATION

- 1. How long have you known this applicant?**
- 2. In what capacity have you worked with this applicant in the past?**
- 3. Comment, if possible, on how the applicant relates to his/her peers.**
- 4. Comment, if possible, on how the applicant relates to his/her students.**
- 5. Assess, if possible, the applicant's commitment to teaching. Specific examples are beneficial.**
- 6. Comment, if possible, on the applicant's character, aims, and values. What are his/her strengths? What are his/her weaknesses?**

7. Please add any additional comments that you think may be helpful to us in evaluating this applicant.

8. In comparison with other teachers I have supervised in this school and others, my recommendation of this applicant for selection in the Teacher Professional Development Program for the Galveston Regional Collaborative is as follows (place a mark in the appropriate box below):

	Not recommended	With some reservations	With strong support (Top 25%)	With great enthusiasm (Top 10%)	As one of my very best colleagues (Top 2%)
Professional commitment					
Professional potential					
Character & personal qualities					
Combined qualities					

Signature **Date**

Print your name **Title**

School **Telephone**

Address **City** **State** **Zip code**

Please return via FAX by Oct. 10, 2003, to: (409) 772-7980 or mail in preaddressed, stamped envelope provided by applicant.

Please call (409) 772-7970 if there are any questions.