

College of Education
Department of Curriculum & Instruction
Teacher Fellows Program

TEACHER FELLOWS PROGRAM APPLICATION

Name _____ Date _____

Address _____

Permanent Address _____

Home Phone _____ Cell Phone _____

Permanent Phone _____ Email _____

Date Available to Begin Teacher Fellows Program _____

GPA _____ Student ID# _____ Graduation Date _____

Major _____ Specialization _____

Have you taken the TExES?

YES

PPR: Passed Not Passed

EC-4 Comprehensive: Passed Not Passed

TOPT (if applicable): Passed Not Passed

NO. Date scheduled to take: _____

Have you obtained your Texas Teachers Certification?

YES. Include a copy of your certification.

NO. Include a signed copy of the Letter of Intent to apply for Certification.

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STUDENT TEACHING INFORMATION

Semester of Student Teaching _____

School _____

School Address _____

Principal _____ Phone _____

Cooperating Teacher _____

University Supervisor _____

Grade Levels and Subjects Taught _____

Please make a statement, in your own handwriting, concerning your reasons for desiring a position as a Texas State Teacher Fellow. (Please use additional sheets of paper if necessary.)

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REFERENCES

LIST 3 REFERENCES: List your student teaching cooperating teacher and supervisor and one professor from the College of Education who has observed your work with elementary school students.

COOPERATING TEACHER: NAME, ADDRESS, PHONE

STUDENT TEACHING SUPERVISOR: NAME, ADDRESS, PHONE

COLLEGE OF EDUCATION PROFESSOR: NAME, ADDRESS, PHONE

AGREEMENT

I hereby affirm that all information provided in this application is true and accurate to the best of my knowledge, and understand that any deliberate falsifications, misrepresentations, or omissions of fact may be grounds for rejection or dismissal from the program.

I authorize the references listed above to give you any and all information concerning my teaching and/or academic performance, and any pertinent information that they may have, personal or otherwise, and release all parties from all liability for any damage that may result from releasing this information to you.

I understand that the school districts are required by Texas Education Code 21.917 to obtain criminal history record information on applicants for placement. Furthermore, this application becomes the property of Texas State, which reserves the right to accept or reject it.

Signature of Applicant _____ Date _____

RETURN TO: Dr. Barbara Davis, Director, Texas State University-San Marcos, College of Education,
601 University Dr., ED Bldg Rm 3075, San Marcos, TX 78666-4616

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REFERENCE QUESTIONNAIRE

Name of Applicant _____ SSN _____

I have applied for the position of Texas State Teacher Fellow. I will assume full teaching responsibilities for a central Texas public school classroom for one year while simultaneously engaged in an intensive Masters degree program. I hereby authorize you to give full and complete information as requested by the Texas State Teacher Fellows Program. In compliance with the Texas Open Records Law and the Federal Educational Rights and Privacy Act of 1974, I am allowed to see this form upon written request. For your convenience I have attached a stamped envelope addressed to: Dr. Barbara Davis, Director, Teacher Fellows Program, Texas State University, 601 University Dr., ED Bldg RM 3075, San Marcos, TX 78666.

Applicant's Signature _____

Name of Reference _____

Work address _____

Work Phone _____

How long have you known the applicant? _____

Relationship to applicant:

_____ Cooperating Teacher for Student Teaching

_____ Student Teacher Supervisor

_____ Course Instructor or Professor

As compared with other prospective teachers or student teachers with whom you have worked, please rate the applicant on the following items:

5-Superior 4-Above Average 3-Average 2-Below Average 1-Unsatisfactory 0-Unable to Rate

PERSONAL & PROFESSIONAL QUALITIES

___ Appearance	___ Enthusiasm	___ Response to Supervision
___ Attendance	___ Commitment	___ Academic Ability & Intellectual Curiosity
___ Tact	___ Punctuality	___ Professional Judgment
___ Dependability	___ Organization	___ Ability to work effectively under stress

TEACHING/INSTRUCTIONAL QUALITIES

___ Uses appropriate and effective instructional strategies
___ Uses appropriate and effective classroom management and organization strategies
___ Demonstrates knowledge of effective provisioning of the learning environment
___ Ability to motivate students
___ Demonstrates attention to student needs
___ Demonstrates effective Human Relations with peers
___ Demonstrates effective Human Relations with teachers
___ Demonstrates effective Human Relations with administrators
___ Demonstrates effective Human Relations with parents
___ Potential for success as a teacher

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Reference Questionnaire (cont'd)

Please comment on the applicant's ability to: work successfully with elementary school students, to work successfully with elementary school faculty and administration, and to complete rigorous academic work. Please state any reservations you would have concerning this candidate's ability in an intensive teaching and rigorous graduate program.

Would you hire the applicant as a teacher in an elementary classroom? ____ Yes ____ No

Signature of Reference _____ Date _____

Work Address _____

Work Phone _____

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CRIMINAL HISTORY RECORD RELEASE

Texas school districts are required by state law to obtain criminal history record information on applicants for placement in their districts (Texas Education Code Section 21.917). School districts contracting with Texas State University College of Education Teacher Fellows Program may use information obtained under this section only for the purpose of evaluating applicants for placement in central Texas public schools as Texas State Teacher Fellows.

The information below is needed to request a criminal history check by law enforcement agencies.

I have read and understand the above information and do hereby authorize Texas State University College of Education Teacher Fellows Program complete access to any and all criminal history. I unequivocally grant permission to your agency to release all of said criminal history to the Texas State Teacher Fellows Program and school districts contracting with the Texas State Teacher Fellows Program for the purpose of placing Texas State Teacher Fellows in their school district.

Full Name _____
(Please Print) Last First Middle

Daytime Phone: _____

Social Security No. _____ Date of birth _____

Sex: ___ Male ___ Female Race: _____

Signature _____ Date _____

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LETTER OF INTENT FOR TEACHER CERTIFICATION

Date: _____

Dear Dr. Davis,

I, _____, certify the following (select one):

____ I applied for my teacher certification on: _____

____ I will apply for my teacher certification on: _____

If selected into the program, I understand that I must obtain my teaching certification by August 1. Failure to do so may jeopardize my placement with participating school districts.

I will provide a copy of my certification to you as soon as I receive it.

Signature