

Application
For
Three Rivers T2T Teacher Recruit Program
And
Scholarship

ENSURING EDUCATIONAL EXCELLENCE

Three Rivers Transition To Teaching
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This form must be updated each semester for those enrolled in a program of study. Annually for those completing service commitment.

Three Rivers Educational Foundation T2T Program
Teacher Education Plan

Name: _____ Date: _____
Phone: _____
Address: _____
Email: _____

*** If you have completed your program of study, please answer III and IV only.**

I. Type of Program:

- _____ Alternative Licensure Program
_____ Masters of Education Program with Licensure Imbedded
_____ Traditional Program

II. Level:

_____ Early Childhood _____ Elementary _____ Secondary _____ Special Education
_____ Other (please specify): _____

III. Licensure Status:

Type (i.e.: 200/1 or 300/T): Level I _____

Expiration Date: June 2015 _____

IV. Teaching Information:

School District: _____

School: _____

Level/Subject: _____

Beginning Date: _____

V. Coursework per Semester

Please enter the course code/name for classes taken this semester.

Example: EDUC400 Methods of Teaching Reading

_____	_____
_____	_____
_____	_____
_____	_____

VI. Professional Assessments Completed:

<u>Assessment</u>	<u>Date</u>	<u>Pass</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

***No reimbursements will be paid until forms sent electronically are completed and received by 3R T2T office. TEP's are due 30 days after the start of each semester including summer if summer coursework is taken. TEP's will be sent by the 3R T2T office at the beginning of each semester. TEP's can be accessed online at the Education Support Center website: www.educationsupportcenter.com.
Revised 1/2011

Applicant Name _____
Interviewer Initial _____

Date _____

**PROFESSIONAL INTERVIEW FOR ADMISSION TO
TRANSITION TO TEACHING**

1. What do you want to accomplish as a teacher?
2. How has your professional and/or academic experience prepared you for teaching?
3. Are you organized? Illustrate.
4. What qualities do all master teachers possess (3)?
5. What effect(s) might poverty have on a child's educational experience?
6. Describe the role of the principal in the learning process.
7. A parent complains that your instructional content is irrelevant to the student's needs. How do you respond?
8. What innovative ideas would you like to initiate in your classroom?
9. How would you keep students actively engaged and involved?
10. What is the purpose of a lesson plan? What are the essential elements of an effective lesson plan?
11. What are "educational standards?"

**THREE RIVERS TRANSITION TO TEACHING
PERSONAL INFORMATION**

NAME _____

MAILING ADDRESS _____

PHYSICAL ADDRESS _____

PHONE _____ CELL _____

E-MAIL ADDRESS

(personal) _____ (district) _____

PHONE NUMBER FOR PERMANENT CONTACT _____

TEACHING ASSIGNMENT:

SCHOOL _____

SCHOOL ADDRESS _____

SCHOOL PHONE _____

TEACHING ASSIGNMENT _____ -

ACADEMIC STATUS

DEGREE(S) AND GRANTING INSTITUTIONS

LICENSE PROGRESS

TYPE OF LICENSE _____ ENDORSEMENTS _____

EXPECTED DATE OF COMPLETION _____

NUMBER OF REMAINING COURSES _____

Name _____ Address _____

Type of Work _____ Inclusive Dates
From _____ To _____
Month Year Month Year

Employer

Name _____ Address _____

Type of Work _____ Inclusive Dates
From _____ To _____
Month Year Month Year

Employer

Name _____ Address _____

Type of Work _____ Inclusive Dates
From _____ To _____
Month Year Month Year

PLEASE LIST ANY ADDITIONAL INFORMATION RELEVANT TO YOUR APPLICATION ON A SEPARATE SHEET OF PAPER.

THIS FORM IS NOT COMPLETE WITHOUT YOUR SIGNATURE.

I certify that all information given in this application is complete and accurate to the best of my knowledge. If I am accepted as a T2T recruit with the Transition to Teaching program, I agree to abide by all applicable rules, regulations, and procedures of the grant.

SIGNATURE _____ DATE _____

PERSONAL INFORMATION

Social Security Number _____ Plan to enter: Fall ___ Spring ___ Summer X Year 2011

Full Name _____
*Last First Middle*Mailing Address _____ Male ___ Female ___
Street or Box Number

City State Zip Code

Day Time Telephone Number _____ Home Number _____

Fax Number _____ Email Address _____

Date of Birth _____
*Month Date Year*Predominant Ethnic Background *(required for federal reporting)*

Caucasian ___ Black ___ Hispanic ___ Asian/Pacific ___ American Indian ___ Tribe _____

Other _____

Intended Academic Major: Elementary ___ Secondary ___ Special Endorsement _____

COLLEGE INFORMATION

Institution	City/State	Month/Year of Attendance			
_____	_____	From _____	_____	To _____	_____
		<i>Month Year</i>		<i>Month Year</i>	
_____	_____	From _____	_____	To _____	_____
		<i>Month Year</i>		<i>Month Year</i>	
_____	_____	From _____	_____	To _____	_____
		<i>Month Year</i>		<i>Month Year</i>	
_____	_____	From _____	_____	To _____	_____
		<i>Month Year</i>		<i>Month Year</i>	

How many College Credits have you earned (semester hours)? _____

Courses in Progress:

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

Did you earn a Bachelor's or Master's degree from any College/University prior to applying to the T2T program? Yes _____ No _____

If so, state degree earned and major & minor _____

TEACHING EXPERIENCE

Employer

Name *Address*

Type of Work _____ Inclusive Dates _____
From _____ To _____
Month Year Month Year

Employer

Name *Address*

Type of Work _____ Inclusive Dates _____
From _____ To _____
Month Year Month Year

Employer

Name *Address*

Type of Work _____ Inclusive Dates _____
From _____ To _____
Month Year Month Year

NON - TEACHING EXPERIENCE

Employer
