

PLEASE FILL OUT AND RETURN TO:

Dr. Pamela M. Kirkley  
 Department of Student Teaching  
 Nicholls State University

**Application to Serve as a Supervising Teacher**

P.O. Box 2053  
 Thibodaux, LA 70310

Name: \_\_\_\_\_ Date: \_\_\_\_\_

SSN: \_\_\_\_\_ Home Address: \_\_\_\_\_

School Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Ethnicity \_\_\_\_\_

Email: \_\_\_\_\_ Religion (Optional) \_\_\_\_\_

Present School: \_\_\_\_\_ Teacher/Administrator (circle one)

If elementary, self-contained, grade currently teaching: \_\_\_\_\_

If elementary, departmentalized, grade(s)/subject(s) currently teaching:

Grade(s): \_\_\_\_\_ Subject(s): \_\_\_\_\_

If secondary, grade(s)/subject(s) teaching:

Grade(s): \_\_\_\_\_ Subject(s): \_\_\_\_\_

Are you teaching in your area of certification? \_\_\_\_ Yes \_\_\_\_ No

Undergraduate Degree Held: \_\_\_\_\_ University Granting: \_\_\_\_\_

Year: \_\_\_\_\_ Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Graduate Degree Held: \_\_\_\_\_ University Granting: \_\_\_\_\_

Year: \_\_\_\_\_ Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Number of hours above Masters: \_\_\_\_\_

If no Masters, semester hours completed beyond Bachelor's Degree: \_\_\_\_\_

Have you had a course in Supervision of student teaching? \_\_\_\_\_

Are you a certified LA Teacher Assessor/Mentor? \_\_\_\_ yes \_\_\_\_ no

Are you a National Board Certified Teacher? \_\_\_\_ yes \_\_\_\_ no

Teaching experience to date (Please list information as requested starting with present position):

Dates	School	Name of System	Area taught (Elem/Sec)

Please indicate all areas for which you are certified as shown on your teaching certificate.

Type of certificate: \_\_\_\_\_ Areas of certification: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Recommendation by Principal (signature): \_\_\_\_\_

Comments

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following questions are designed to demonstrate the qualifications of partner schools as part of university accountability. We want to thank you in advance for your support and commitment and greatly appreciate you taking the time to fill out this form.

### **Experience And Training**

Briefly describe each of the following in relation to your expertise in diverse issues. Be sure to include culture, ethnicity, gender, exceptionalities, and race.

- a. personal experiences related to diversity (i.e., living abroad and/or in other cultures)
  
- b. experiences working with diverse children (either in or outside of a school setting)

### **Professional Development Activities for Last Five Years:**

- c. coursework beyond degree(s)
  
- d. conferences and workshops
  
- e. papers and publications
  
- f. self-study (something you participated in on your own)

### **Use of Technology in the Classroom:**

- |                             |                 |
|-----------------------------|-----------------|
| ___ PowerPoint presentation | ___ Inspiration |
| ___ Record keeping          | ___ Other _____ |
| ___ Assessment              | _____           |
| ___ Student assignments     | _____           |
- Word Processing     Internet     Research     Computer Assisted Inst.  
 Database