

PLEASE FILL OUT AND RETURN TO:

Dr. Angelle Hebert  
 Department of Student Teaching  
 Nicholls State University  
 P.O. Box 2053  
 Thibodaux, LA 70310

**Application to Serve as a Supervising Teacher**

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

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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:

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> PowerPoint presentation | <input type="checkbox"/> Inspiration |
| <input type="checkbox"/> Record keeping          | <input type="checkbox"/> Other       |
| <input type="checkbox"/> Assessment              |                                      |
| <input type="checkbox"/> Student assignments     |                                      |

- |  |                                   |                                   |  |
|--|-----------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Word Processing | <input type="checkbox"/> Internet | <input type="checkbox"/> Research | <input type="checkbox"/> Computer Assisted Inst. |
| <input type="checkbox"/> Database        |                                   |                                   |  |
| <input type="checkbox"/>                 |                                   |                                   |  |