

Spanish Visiting Teacher Program
DISTRICT/SCHOOL APPLICATION FOR NEW PROGRAM PARTICIPANTS
School Year 2013-2014
Application Deadline: Open



A. PRIMARY CONTACT

Provide detailed information for the person who will coordinate this program at the school/district level.

Name: _____

Position: _____

Email: _____

Business Phone: _____

Cell Phone: _____ (for emergency use only)

Fax Number: _____

Work Address: _____

B. DISTRICT INFORMATION

District Name: _____

District Address: _____

Chief Administrator's Name: _____

Chief Administrator's Title: _____

Chief Administrator's Email: _____

District Phone: _____

District Fax: _____

District Website: _____

C. DISTRICT DESCRIPTION

Please briefly describe the academic level of each school, the demographic composition of your student body and teaching staff, your foreign language program, and any special features or programs in your district, especially those in which the visiting Spanish teacher will be expected to participate.

Does your school/district currently have a Spanish language program? ___ Yes ___ No

D. CURRENT / PROPOSED SPANISH PROGRAM

(If the program will be new, please provide as much information as possible about the planned program.)

How many years has the program existed? _____

Number of current (or proposed) Spanish teaching positions? _____

What levels of Spanish are (will be) offered? (Circle all that apply)

K-2 3-5 K-5 K-6 5-6 5-8 6-8 7-8 8-12 9-12

Status of the current Spanish teacher(s). (Check all that apply)

Certified Non-Certified Part-Time Full-Time Visiting Teacher

Ratio of heritage learners to other learners in the Spanish program: _____ / _____

(Note: Heritage learners are students who speak or have exposure to Spanish at home.)

Number of students taking Spanish classes this year? _____

Estimated number of students taking Spanish in 2012-2013? _____

Will the visiting teacher team-teach with another teacher? ___ Yes ___ No

If yes, please describe the arrangements:

Will the visiting teacher be teaching in an immersion program? ___ Yes ___ No

If so, what subject(s) will be taught? _____

E. ASSIGNMENT FOR THE SPANISH VISITING TEACHER

Official start dates for the 2013-2014 academic year in your district:

Teachers: _____ Students: _____

Please provide detailed information about all of the school sites where the visiting teacher will be assigned to work during the 2013-2014 school year. Attach additional pages if necessary.

School sites where the visiting teacher will teach August 2013 - June 2014:	
School #1 Name: Address 1: Address 2: Principal's Name: Email: Phone: Fax:	School #2 Name: Address 1: Address 2: Principal's Name: Email: Phone: Fax:
School #3 Name: Address 1: Address 2: Principal's Name: Email: Phone: Fax:	School #4 Name: Address 1: Address 2: Principal's Name: Email: Phone: Fax:

Planned teaching assignment for the visiting teacher:

Grades	Language Course Levels	# Class Hours / Week	Additional Information

Describe other responsibilities and number of hours per week for these assignments (e.g., duties, advising, clubs/extracurricular activities, curriculum development, cultural enrichment events, etc.)

List other special training, skills or traits that you desire in this candidate (e.g., experience working with learning-disabled students, gifted education background, early language-learning experience, experience teaching in an immersion setting, team player, etc.).

Describe the provisions that your school or district will make to provide your Spanish visiting teacher with initial orientation, high-quality/year-long mentoring and opportunities for professional development.

Please specify any teacher preferences based on your local needs. This information will be used for placement purposes only. CIESC is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

	Male
	Female
	Flexible

	Driver
	Non-Driver
	Flexible

Other preferences (please specify):

G. ADMINISTRATIVE APPROVAL

This document must be signed by the superintendent or a district official who is authorized to approve the district's participation in the Visiting Spanish Teacher Program.

Name of the Chief Administrator or Authorized Official: _____

Job Title: _____

Email address: _____

By signing this document, I approve the attached application and confirm that the information presented herein is accurate. Additionally, my signature certifies that I understand the requirements of the *Spanish Visiting Teacher Program Contract* and that I will ensure my school or district's compliance with them at all times.

 Signature of the Chief Administrator or Authorized Official

 Date

Community/charter schools must additionally present this completed application to their sponsoring institution and secure their approval for the placement of each visiting teacher who is being requested. Failure to do so may result in the denial of the application.

Name of the Sponsoring Institution's Authorized Official: _____

Job Title: _____

Email address: _____ Phone # _____

By signing this document, I approve the attached application and confirm that the information presented herein is true. Additionally, my signature certifies that I understand the requirements of the *Spanish Visiting Teacher Program Contract* and will ensure that the community school sponsored by my organization is in compliance with them at all times.

 Signature of the Sponsoring Institution's Authorized Official

 Date

Please send the original signed copy of this application along with your completed application to:

Mary Ann Dewan, Ph.D., Executive Director
 Central Indiana Educational Service Center (CIESC)
 6321 La Pas Trail
 Indianapolis, IN 46268-2512
 Questions: (317) 387-7101 or maryann.dewan@ciesc.k12.in.us
 Fax: (317) 328-7298