



Region One ESC Collaborative for Excellence in Science Teaching TEACHER APPLICATION



___ Science Teacher Mentor-Biology (100 hrs) ___ Cadre Member -8th gr. (12-24 hrs)

Please fill out the following:

Last Name	First Name	Middle
Home Mailing Address		Email Address (school email required)
City, State Zip		Home Phone
Have you ever been a member of the Collaborative? <input type="checkbox"/> No <input type="checkbox"/> Yes, during ____ (year)		
Highest Education Level: <input type="checkbox"/> Bachelor <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate		Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Ethnicity: <input type="checkbox"/> African American <input type="checkbox"/> Asian-American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other		
Computer Used at SCHOOL : <input type="checkbox"/> Mac <input type="checkbox"/> PC <input type="checkbox"/> None		Computer Used at HOME : <input type="checkbox"/> Mac <input type="checkbox"/> PC <input type="checkbox"/> None
Certificate Teaching Level: <input type="checkbox"/> PK-5 <input type="checkbox"/> 6-8 <input type="checkbox"/> 9-12		Years of Teaching Experience: ____
Current Employment:		
School District		Campus
Supervisor (Principal)		Supervisor's Phone Number or Email Address
The Campus where I teach Qualifies as Title I: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Campus Poverty Level : <input type="checkbox"/> Low (<35%) <input type="checkbox"/> Medium(35-50%) <input type="checkbox"/> High (51-75%) <input type="checkbox"/> Very High(>75%)		
The Campus Where I Teach is a ____ School <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Charter <input type="checkbox"/> Alternative		
REQUIRED Administrator's Letter of Support: <input type="checkbox"/> Attached to Application Form <input type="checkbox"/> Letter will be Mailed Separately <input type="checkbox"/> Other:		
2014-2015 Teaching Assignment: (Check ALL that Apply) Grade(s): <input type="checkbox"/> 8 th <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th		
Subjects: <input type="checkbox"/> Middle School Science (8th grade) <input type="checkbox"/> Biology <input type="checkbox"/> Other:		

**YOUR 2013-2014 Student Demographics
(2014-2015 Student Demographics will be updated in the Fall)**

Please Give **Actual Numbers NOT** percentages:

Number of African- American Students: _____		Number of Asian-American Students: _____	
Number of Caucasian Students: _____		Number of Hispanic Students: _____	
Number of Native American Students: _____		Number of Other Students: _____	
Total Number Students: _____			
Number of Female Students: _____	Number of male Students: _____	Note: Number of Female Students + Number of Male Students MUST equal the Total Number Listed Above.	
Have YOU ever <i>Attended</i> a Regional or National Conference?			
<input type="checkbox"/> NO <input type="checkbox"/> YES, List:			
Have YOU ever <i>Presented</i> a Regional or National Conference?			
<input type="checkbox"/> NO <input type="checkbox"/> YES, List:			
How did You hear about the Regional Collaborative at Region One ESC?			
If chosen, you will be REQUIRED to mentor (help) at least 3 other teachers. Will this be a problem either personally or professionally? <input type="checkbox"/> NO <input type="checkbox"/> YES, Explain:			
If chosen, you will be REQUIRED to attend at least 1 meeting a month. Will this be a problem either personally or professionally? <input type="checkbox"/> NO <input type="checkbox"/> YES, Explain:			
Why should YOU be chosen as a member of the Region One ESC Regional Collaborative?			
Teacher Signature:		Today's Date:	
Principal Signature:		Today's Date:	

Return Forms to:

Elda Christian or Patricia Gandy
Fax Number: 956-984-7641
1900 W. Schunior Road
Edinburg, Texas 78543