

Please note: We will review your transcripts for the areas marked with a “1” and “2.” If you would like us to review your transcripts for another area(s) please mark those with “3,” “4,” “5,” etc.

B. **Do you speak another language fluently? _____ Which language? _____**

C. **Enclose a cover letter in which you formally apply for admission to the Teacher-in-Residence Program and in which you address the following questions.**

1. What are some of the reason you want to teach in the endorsement area indicated?
2. What skills and background experience do you feel you bring to the field of teaching?

D. **Answer the following questions on a separate piece of paper (please number each response).**

1. What are some reasons you have chosen a Teacher-in-Residence Program to get your license?
2. The PPBOCES/UCCS Teacher-in-Residence is time consuming and demanding. Describe how you plan to fit this program into your life.
3. Why do you think you will be successful?

E. **Fill out the “Experience with Children/Youth” chart, attached. If you have no experience with school-aged children so indicate on the chart.**

F. **Please attach with your application:**

- a copy of all score sheets sent to you for the PLACE or PRAXIS II – IF YOU HAVE TAKEN THE TEST. IF NOT SEND YOUR RESULTS WHEN YOU RECEIVE THEM.
- have original transcripts from every institution of higher education you attended sent to you OR OUR OFFICE. IF YOU SEND THEM THEY MUST BE WITH YOUR APPLICATION.
- your resume
- three current letters of recommendation (ask the people writing recommendations for you to include in the letter their knowledge of your competence to teach in the subject area you noted above as well as their relationship to you). Please make sure each letter is dated.
- optional Equal Opportunity Employer form

G. **The Teacher-in-Residence Program** requires that you:

- attend all scheduled teacher education sessions
- finish and submit all assignments
- allow yourself to be involved in 100 hours of observation/supervision activities (some involving videotaping) each year of the two-year program
- pay all fees (please see our website at www.tirp.org)
- Failure to comply may result in late completion or dismissal from the program.

I understand that information in this application may be shared with interested individuals in districts or schools who are members or associate members of the Pikes Peak BOCES, as well as other districts or schools who may purchase services from the Pikes Peak BOCES, including hiring resident teachers.

Please sign below indicating that you understand and agree to comply with the above requirements.

Signature of TIRP Candidate

Return your completed application to:

Pikes Peak BOCES/UCCS Teacher-in-Residence Program
4825 Lorna Place
Colorado Springs, CO 80915
(719) 622-2081

8/14/2009

Applicant Name _____

Date _____

Experiences with Children/Youth

Instructions: Please describe below the experiences you have had working with children/youth (subbing, teacher on an emergency certificate, charter schools, private schools, volunteering , etc---experiences other than parenting). Please list most recent experience first. You may continue this chart on another page or on the back, if necessary. **Please word process.**

Dates of Experience	School/School District	Contact Person	Your Responsibility	Was this a Substitute Assignment?	Age of Youth
				Yes No	
				Yes No	
				Yes No	
				Yes No	
				Yes No	

EQUAL OPPORTUNITY EMPLOYER

Prospective candidates will receive consideration without discrimination because of race, creed, sex, age, national origin, handicap or veteran status.

To facilitate compliance with the Department of Health, Education and Welfare requests for information for the Office for Civil Rights, please complete the information requested below. This information is to be used for statistical purposes only. Filling out and including the following with your application is optional.

Name _____

Sex: Male _____ Female _____

What is your ethnic background?

Hispanic American _____

African American _____

Native Alaskan _____

European American _____

Asian American _____

Native American _____

Other, please list _____

Are you an individual with a disability? If yes, in what way?

