



Teacher Support Program

Peer Assistance and Review Program

Consulting Teacher Application

Name of Applicant _____ District _____ School Site _____

Home Address _____ City _____ Zip Code _____

Current Grade/Content Area Assignment _____ Home Telephone _____

Number of Years in Education _____ In District _____

Other Grade(s) Taught _____ Subject(s) Taught _____

Mark the following that apply to your growth as a professional:

- _____ Doctorate
- _____ MA
- _____ credentialed classroom teacher with permanent status
- _____ English Language Development Specialist Credential
- _____ Bilingual Certificate of Competence and/or Bilingual Credential
- _____ Special Education Credential
- _____ Reading Specialist Credential
- _____ Other Credentials: _____
- _____ BTSA Support Provider
- _____ Pre-Intern Coach
- _____ Mentor teacher : year(s) _____ position(s) _____
- _____ Curriculum committee participant
- _____ Department chair/team leader
- _____ Experience as a teacher trainer/staff development leader
- _____ Site leadership team
- _____ Subject matter project experience
- _____ other: _____

1. Why are you interested in applying for a Support Provider Teacher position with the PAR program?
2. How would you establish a line of communication with a veteran teacher?
3. What strategies would you use to improve the performance of a veteran teacher?
4. Why would you be effective in the position for which you are applying?

In accordance with state board guidelines, I consent to the release of personnel information relating to my experience and performance for review by the PAR Panel.

Signature

Date

Submit the following:
***Support Provider Teacher Application**
***Letter of Recommendation from Current Administrator/Evaluator**
***Personal Letter of Application**

to

Steve Thornton, Teacher Support Program
Madera Unified School District

For additional information, please contact
Steve Thornton, Madera Teacher Support Program
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stevehornton@maderausd.org