

Purdue Talent Development Programs Teacher Application

The following application materials should be completed and returned to the GERI office in BRNG 5178 or to gray118@purdue.edu. If you have any questions, please call our office at (765) 494-7243 or email.

Date _____ Date of Birth: ____ / ____ / ____

Name: _____ PUID# _____ - _____

Local Address: _____
(Street) (City) (State) (Zip)

Permanent Address (if applicable): _____
(Street) (City) (State) (Zip)

Phone: *Home* () _____ - _____ *Work* () _____ - _____ *Cell* () _____ - _____

E-mail Address: _____

Phone number of someone who will always know how to contact you: () _____ - _____

Contact's Name: _____ Relationship: _____

Dates Available: Please check to indicate that you are available to teach each of the Saturdays and attend the training. You can indicate your specific grade level interests here and on the attached course proposal form. (mark all grade levels that apply)

Super Saturday (Pre-K thru 8th ~ six Saturdays for 3 hours)

- ___ **Spring 2017:** January 28; February 4, 11, 18, and 25; March 4
- ___ **Mandatory Teacher Training Seminar:** January 14
- ___ PreK – K
- ___ Grades 1st & 2nd
- ___ Grades 3rd – 4th
- ___ Grades 5th – 8th

1. Purdue University Status: Please check **all** that apply.

___ I am currently neither a student nor a faculty/staff member at Purdue University

___ I am currently a student at Purdue

___ graduate student or ___ undergraduate
 ___ full time or ___ part time

___ I am currently a faculty/staff member at Purdue University

a. Employment Level ___ full time ___ part time: _____ FTE/%?

b. Staff Type: ___ faculty ___ administrative/professional
 ___ grad assistant ___ other: _____

c. Appointment Type: ___ fiscal year (12 mo) ___ academic year (10 mo)
 ___ biweekly ___ other: _____

2. Educational Background:

<u>School</u>	<u>Major</u>	<u>Minor</u>	<u>Degree Received</u>	<u>Graduation Date</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3. Work Experience in Education (list most recent position first; include both paid and volunteer positions):

<u>Employer</u>	<u>Position</u>	<u>Location</u>	<u>Supervisor</u>	<u>Employment Dates</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4. Please describe your current occupation:

5. Gifted and Talented Children: Explain why you feel you could work effectively with gifted children. (e.g. courses, experience, attitudes, personality, etc.)

6. First Time Talent Development Program Teachers Only:

Please include the following items:

- A. A copy of your teaching license (and endorsement as appropriate) *or* a transcript of courses completed if a license is not held, and
- B. A letter of recommendation from an instructor or supervisor who can knowledgeably comment on your educational experience and/or your ability to work with children.

Recommender's Name _____ Phone _____

If there is great difficulty involved in obtaining either of these items, please contact our office.

7. Course Information:

Please complete the course proposal on the attached sheet. To assist us in offering a balanced selection of courses, please feel free to duplicate the course proposal form and describe any and all **classes** you would be willing to teach.

8. Compensation: Please check appropriate honoraria. Returning teachers, please complete a staff update form.

- _____ First time teaching with Talent Development Programs
- _____ Second time teaching
- _____ Third time teaching
- _____ Fourth time or more teaching

9. Background Check and Verification:

Have you ever been convicted of a crime? (Include court-martial convictions and sex offender crimes against minors under the age of 18, but exclude minor traffic violations.)

Yes No If yes, list date, charge, place, court and action taken:

A prior conviction does not necessarily mean that you cannot be employed. I understand that employment in certain jobs is conditional upon a review of criminal conviction records. I authorize the Gifted Education Resource Institute of Purdue University to request and obtain, through police agencies, an investigation and report to determine the accuracy of my above answers as to prior criminal convictions, if any. I also understand that any false statement by me in this application or failure to give any material information requested will be cause for my rejection or dismissal.

Race: _____ Date of Birth: _____

Your signature: _____

10. Release Authorization:

I hereby authorize the release of any information on the background check(s) the Gifted Education Resource Institute may have on file pertaining to me to sponsoring school corporations.

Your signature: _____ Date: _____

Return all application materials to: Gifted Education Resource Institute, Beering Hall, Room 5178, 100 N. University, West Lafayette, IN 47907-2098. Super Saturday, Super Summer and Summer Camps are continuing education activities of Purdue University, an equal access/equal opportunity institution.

Talent Development Programs First-Time Teacher Recommendation Form

Applicant - Please provide the following information:

Name: _____ Phone: _____

Proposed Super Saturday Course(s) and Grade Levels: _____

Please indicate one of the options below and sign your name before giving this form to recommender.

I waive my right to review this recommendation.

I do not waive my right to review this recommendation.

Applicant's signature: _____ Date: _____

Recommender - The above-named individual is applying for a teaching position in the Super Saturday program, sponsored by the Gifted Education Resource Institute at Purdue University and under the direction of Dr. Marcia Gentry. Research compiled from a literature search in the field of gifted education indicates that a teacher of gifted and talented students should have the ability to

- engage gifted students in challenging thinking activities,
- lead gifted students in small-group and project activities,
- differentiate instruction to meet the needs of individual students,
- motivate students and provide counseling and affective activities,
- accelerate instruction to a level and pace appropriate for gifted students.

In general, our teachers are very knowledgeable in their subject matter, enthusiastic about teaching, and willing to devote time and effort to instruction. Please comment on these skills and traits as they relate to strengths and weaknesses of the applicant as a teacher. If you have any questions, please contact our office at (765) 494-7240.

Recommender's Signature: _____ Date: _____

Type or Print Name and Title: _____

Address: _____ Phone: _____

Please provide comments about applicant's skills and traits as they relate to strengths and weaknesses in their teaching ability either on the back of this page or a separate sheet of paper. If necessary, may we call you to discuss this applicant?

Yes No

Please mail to: Gifted Education Resource Institute
Beering Hall Room 5178
100 N. University Street
West Lafayette, IN 47907-2098