**CONNECTICUT STATE DEPARTMENT OF EDUCATION**

**SUPPORT TEACHERS**

(PLEASE NOTE: MENTORS ARE REQUIRED TO MENTOR NEW STAFF (meet weekly, attend district sponsored workshops, and keep a log of visits to forward to State).

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Home Telephone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Name of School (s) where you currently teach: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Number of years at this school: \_\_\_\_\_\_\_\_\_\_ Total number years of teaching: \_\_\_\_\_\_\_\_\_\_\_

 Grade level(s) and subject area(s) you currently teach: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Please list certification endorsement as indicated on your Provisional or Professional Educator Certificate:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Describe your reason for wishing to become a Support Teacher:

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5. Describe an activity you have done during the past few years that demonstrates your ability to work well with adults, including colleagues.

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6. Briefly describe a successful teaching practice or strategy you use and explain why you believe it is effective.

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7. Principal- Please provide evidence to support this candidate’s application and sign below:

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 Principal Signature Date

PLEASE RETURN COMPLETED APPLICATION TO:

TEAM, Office of Teaching & Learning c/o Assistant Superintendent via email (scanned pdf) or interoffice mail. Questions? Please call 203-452-4336 v. 2022