

Yes, I'd like to be a T² resource teacher

Information published in the resource guide:

Name _____ School _____

Articulation area _____ Voice Mail phone # _____

Areas of expertise (check all as appropriate)

- | | |
|--|--|
| <input type="checkbox"/> Standards | <input type="checkbox"/> Inclusion/mainstreaming |
| <input type="checkbox"/> Student assessment | <input type="checkbox"/> Clinical teaching |
| <input type="checkbox"/> Portfolios | <input type="checkbox"/> Classroom management/discipline |
| <input type="checkbox"/> Technology | <input type="checkbox"/> Instructional management/lesson planning |
| <input type="checkbox"/> Student conferences | <input type="checkbox"/> Cooperative student learning groups |
| <input type="checkbox"/> Whole language instruction | <input type="checkbox"/> Multi-aged classrooms |
| <input type="checkbox"/> Successful from the Start | <input type="checkbox"/> SERS (discipline) _____ |
| <input type="checkbox"/> STAMM | <input type="checkbox"/> Counselor (level) _____ |
| <input type="checkbox"/> Diversity/multi-cultural education | <input type="checkbox"/> Library Information Specialists (level) _____ |
| <input type="checkbox"/> PIC/Integrated Thematic Units | <input type="checkbox"/> Specials (level/subject) _____/_____ |
| <input type="checkbox"/> Age/Developmentally appropriate materials (levels/subject area) _____/_____ | |
| <input type="checkbox"/> Curriculum (level/subject area) _____/_____ | |
| <input type="checkbox"/> Other (specify) _____ | |

Specifically, my expertise is in (optional) _____

Information not for publication in resource guide:

Social Security # _ _ _ - _ _ - _ _ _ _

Home address:

_____ Street _____ City _____ State _____ Zip _____

Home phone # _____ School phone # _____

Please read carefully:

I understand that my participation in the T² project is voluntary and that I may apply the experience toward fulfilling re-licensure requirements. I also understand that the success of any helping relationship is based on mutual trust and respect. Therefore, I agree to honor the principles of professional confidentiality contained within the NEA Code of Ethics for the Education Profession and Article 16-9 of the Master Agreement.

Signature

Please return to JCEA on the "pony" or fax to 303-238-2215.