***Spanish Visiting Teacher Program***

**APPLICATION FOR NEW PROGRAM PARTICIPANTS**

**School Year 2018-2019**

**Application Deadline: March 30, 2018**

**A. PRIMARY CONTACT**

Provide detailed information about the person who will coordinate this program with the Ohio Department of Education at the school/district level.

a. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c. E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

d. Business Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e. Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (for emergency use only)

f. Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

g. Work Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**B. HOST INSTITUTION INFORMATION**

a. Institution Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. Institution Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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c. Chief Administrator’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

d. Chief Administrator’s Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e. Chief Administrator’s E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

f. Institution Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

g. Institution Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

h. Institution Web Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

i. Institution Location: **⁪** Urban **⁪** Suburban **⁪** Rural

 (Select one)

j. Institution Profile: **⁪** Public **⁪** Private **⁪** Religious **⁪** Community

 (Select all that apply)

k. Composition:

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| --- | --- | --- |
| School Type | # of schools | # of students |
| Elementary |  |  |
| Middle |  |  |
| High |  |  |
| TOTALS |  |  |

l. Salary Ranges: B.A.: From $\_\_\_\_\_\_\_\_\_\_\_\_ to $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 M.A.: From $\_\_\_\_\_\_\_\_\_\_\_\_ to $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IMPORTANT**: Attach a copy of your school or district’s salary schedule for teachers for the 2018-2019 school year to this application. Without it, this application will be considered incomplete and will not be processed. If your 2018-2019 schedule is not yet available, attach your current salary schedule and make a note to send the new one as soon as it becomes available.

m. Is there a collective bargaining unit in your school/district? **⁪** Yes **⁪** No

n. Would your visiting teacher be required to join? **⁪** Yes **⁪** No

o. What are the dues that the teacher will pay to the union (if applicable)? $\_\_\_\_\_\_ per \_\_\_\_\_\_

p. Do your teachers contribute towards their own health insurance coverage? **⁪**Yes **⁪** No

q. If yes, approximately how much per month? Individual: $\_\_\_\_\_\_\_\_\_ Family: $\_\_\_\_\_\_\_\_\_\_\_

r. Briefly describe the positive attributes that your school district and the local community have to offer a visiting teacher from another country and culture:

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s. Location of / Distance to Nearest International Airport: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**C. DISTRICT DESCRIPTION**

a. Please briefly describe the grade level composition of each school, the demographic composition of your student body and teaching staff, your foreign language program, and any special features or programs in your district (e.g., STEM focus, International Baccalaureate, etc.), especially those in which the visiting Spanish teacher will be expected to participate.

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b. Does your school/district currently have a Spanish language program? Yes No

c. If not, will your visiting teacher be expected to create the curriculum? Yes No N/A

**D. CURRENT / PROPOSED SPANISH PROGRAM**

(If the program will be new, please provide as much information as possible about the planned program.)

a. How many years has the current Spanish program existed? \_\_\_\_\_\_\_\_\_\_

b. Number of current (or proposed) Spanish teaching positions? \_\_\_\_\_\_\_\_\_\_

c. What levels of Spanish are (will be) offered? (Circle all that apply.)

K-2 3-5 K-5 K-6 5-6 5-8 6-8 7-8 8-12 9-12

d. Status of the current Spanish teacher(s). (Check all that apply.)

**⁪** Certified **⁪** Non-Certified **⁪** Part-Time **⁪** Full-Time **⁪** Visiting Teacher

e. Ratio of heritage learners to other learners in the Spanish program: \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_

 (Note: Heritage learners are students who speak or have exposure to Spanish at home.)

f. Number of students taking Spanish classes this year? \_\_\_\_\_\_\_\_\_\_

g. Estimated number of students taking Spanish in 2018-2019? \_\_\_\_\_\_\_\_\_\_

h. Will the visiting teacher team-teach with another teacher? **⁪** Yes **⁪** No

If yes, please describe the arrangements:

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E**. ASSIGNMENT FOR THE SPANISH VISITING TEACHER**

a. Please list the official start dates for the 2018-2019 academic year in your district:

 For Teachers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ For Students: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. Please provide detailed information about all of the school sites where the visiting teacher will be assigned to work during the 2018-2019 school year. Attach additional pages if necessary.

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| School sites where the visiting teacher will teach August 2018 - June 2019: |
| School #1 Name:Address 1:Address 2:Principal:E-mail:Phone:Fax: | School #2 Name:Address 1:Address 2:Principal:E-mail:Phone:Fax: |
| School #3 Name:Address 1:Address 2:Principal:E-mail:Phone:Fax: | School #4 Name:Address 1:Address 2:Principal:E-mail:Phone:Fax: |

c. Provide specific/detailed information about the planned teaching assignment for the visiting teacher:

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| --- | --- | --- | --- |
| Grades / Levels | Subjects/Course Names | # Class Hours / Week | Additional Information |
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d. Describe other responsibilities and number of hours per week for these assignments (e.g., duties, advising, clubs/extracurricular activities, curriculum development, cultural enrichment events, etc.):

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e. List other special training, skills or traits that you desire in this candidate (e.g., experience working with learning-disabled students, gifted education background, early language-learning experience, experience teaching in an immersion setting, content expertise needed for an immersion position, ability to be a team player, etc.).

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f. Describe the provisions that your school or district will make to provide your Spanish visiting teacher with initial orientation, high-quality/year-long mentoring and opportunities for professional development and cultural learning.

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g. Please specify any teacher preferences based on your local needs (e.g., available shared housing). This information will be used for specialized placement purposes only. ODE is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.

**⁪** Male **⁪** Female **⁪** Flexible

**⁪** Driver  **⁪** Non-driver **⁪** Flexible

h. Other preferences (please specify):

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**G. ADMINISTRATIVE APPROVAL**

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| This document must be signed by the superintendent or a district official who is authorized to approve the district’s participation in the Visiting Spanish Teacher Program. |

a. Name of the Chief Administrator or Authorized Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c. E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing this document, I approve the attached application and confirm that the information presented herein is accurate. Additionally, my signature certifies that I understand the requirements of the *Spanish Visiting Teacher Program Contract* and that I will ensure my school or district’s compliance with them at all times.

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

Signature of the Chief Administrator or Authorized Official Date

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| Community schools must additionally present this completed application to their sponsoring institution and secure their approval for the placement of each visiting teacher who is being requested. Failure to do so will result in the denial of the application. |

d. Name of the Sponsoring Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e. Name of the Sponsoring Institution’s Authorized Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

f. Authorized Official’s Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

g. E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ h. Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing this document, I approve the attached application and confirm that the information presented herein is true. Additionally, my signature certifies that I understand the requirements of the *Spanish Visiting Teacher Program Contract* and will ensure that the community school sponsored by my organization is in compliance with them at all times.

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

Signature of the Sponsoring Institution’s Authorized Official Date

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| **Please send the original, signed copy of this application along with your initialed and signed program contract and a copy of your 2018-2019 salary schedule to:** |
| Ohio Department of EducationAttn.: Paula Sondej - World Languages Consultant25 S. Front Street, Mailstop # 509Columbus, OH 43215-4183Paula.Sondej@education.ohio.gov Tel : (614) 387-0491 Fax: (614) 387-0421 |
| **All applications must be received by March 30, 2018.** |

**Application Check List**

**Please ensure that the following items are included in your application packet so that it may be processed in a timely manner:**

 ** Completed application form, signed and dated by the proper official.**

 ** For community schools, the additional signature of the authorizing official**

 **from the sponsoring institution.**

 ** Copy of your school or district’s salary schedule for teachers for the**

 **2018-2019 school year (or 17-18 school year if not yet available for 18-19).**

 ** Original initialed and signed copy of the Spanish Visiting Teacher Program**

 **Contract.**

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| **Please send all required application materials to:** |
| Ohio Department of EducationAttn.: Paula Sondej - World Languages Consultant25 S. Front Street, Mailstop # 509Columbus, OH 43215-4183Paula.Sondej@education.ohio.gov Tel : (614) 387-0491 Fax: (614) 387-0421 |
| **All applications must be received by March 30, 2018.** |

*Revised December, 2017*