***Spanish Visiting Teacher Program***

**APPLICATION FOR RENEWING PROGRAM PARTICIPANTS**

**School Year 2018-2019**

**Application Deadline: March 30, 2018**

Name of the Host School or District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name(s) of the Current Spanish Visiting Teacher(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If a current teacher becomes unable to renew his/her contract for the 2018-2019 academic year due to an unforeseen change in his/her personal circumstances, would the school/district like a replacement Spanish visiting teacher?

Yes.

No, we will hire a Spanish teacher through other channels.

**A. PROGRAM PRIMARY CONTACT**

Provide detailed information for the person who will coordinate this program 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

h. School/District Web Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

i. Official start dates for the 2018-2019 academic year in your school/district:

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

**B. ASSIGNMENT(s) FOR THE RETURNING SPANISH VISITING TEACHER(S)**

(Copy this page before filling it out if the return of more than 1 current visiting teacher is being requested.)

Returning Teacher # 1 (Name):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide detailed information about all of the school sites where this 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:  Principal:  E-mail:  Phone:  Fax: | School #2 Name:  Address 1:  Principal:  E-mail:  Phone:  Fax: |

Planned teaching assignment for this visiting teacher in 2018-2019:

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| --- | --- | --- | --- |
| Grades / Levels | Language Course | # Class Hours / Week | Additional Information |
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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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If finding a replacement for the current teacher becomes necessary, list other special training, skills or traits that you desire in a new candidate (e.g., experience working with learning-disabled students, gifted education background, early language-learning experience, experience teaching in an immersion setting, team-player, etc.).

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**C. NEW VISITING TEACHER POSITIONS**

(Copy this page before filling it out if more than 1 new visiting teacher is being requested.)

**Do you wish to secure additional NEW visiting teachers? Yes No If so, how many?\_\_\_\_\_**

**ASSIGNMENT FOR NEW SPANISH VISITING TEACHER # 1**

Please provide detailed information about all of the school sites where the new 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:  Principal:  E-mail:  Phone:  Fax: | School #2 Name:  Address 1:  Principal:  E-mail:  Phone:  Fax: |

b. Planned teaching assignment for new visiting teacher #1 in 2018-2019:

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| --- | --- | --- | --- |
| Grades / Levels | Language Course | # Class Hours / Week | Additional Information |
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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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List special training, skills or traits that you desire in a new teacher (e.g., experience working with learning-disabled students, gifted education background, early language-learning experience, experience teaching in an immersion setting, team-player, etc.).

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**D. ON-BOARDING, CANDIDATE PREFERENCES, TEACHER SUPPORT PROVISIONS & SALARY**

Describe the provisions that your school or district will make to on-board your NEW visiting teachers. Also, describe the provisions that you will make to provide your new visiting teacher with initial orientation, high-quality/year-long mentoring and professional development opportunities.

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Please specify any preferences for NEW visiting teachers based on your local needs, such as housing limitations, roommate situations, etc. This information will be considered for specialized placement purposes only. ODE is prohibited from discriminating on the basis of race, color, religion, national origin, gender, age or disability.

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

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

Other preferences or information that would help us to identify appropriately qualified teachers for your NEW positions. Please be specific:

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Describe the provisions that your school or district will make to provide your CURRENT/RETURNING visiting teacher(s) with continued opportunities for mentoring and professional development.

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Salary Ranges: B.A.: From $\_\_\_\_\_\_\_\_\_\_\_\_ (3 yrs.) to $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

M.A.: From $\_\_\_\_\_\_\_\_\_\_\_\_ (3 yrs.) to $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* Please attach a copy of your salary schedule for the 2018-2019 school year to this application.

**E. 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.

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Signature of the Chief Administrator or Authorized Official Date

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| Community schools must additionally present this completed application to their sponsoring institutions 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’s Authorized Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e. Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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Signature of the Sponsoring Institution’s Authorized Official Date

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| **Please send the original, signed copy of this application, your initialed and signed program contract, and a copy of your 2018-2019 salary schedule to:** |
| Ohio Department of Education  Attn.: Paula Sondej - World Languages Consultant  25 S. Front Street, Mailstop # 509  Columbus, OH 43215-4183  [Paula.Sondej@education.ohio.gov](mailto:Paula.Sondej@education.ohio.gov)  Tel : (614) 387-0491 Fax: (614) 387-0421 |
| **All applications must be received by March 30, 2018.** |

*Revised December, 2017*

**Renewal 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 renewal 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**

**2017-2018 school year (if available).**

** 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 Education  Attn.: Paula Sondej - World Languages Consultant  25 S. Front Street, Mailstop # 509  Columbus, OH 43215-4183  [Paula.Sondej@education.ohio.gov](mailto:Paula.Sondej@education.ohio.gov)  Tel : (614) 387-0491 Fax: (614) 387-0421 |
| **All applications must be received by March 30, 2018.** |

*Revised December, 2017*