Ohio | Department of Education

Ohio Fine Arts Model Curriculum
Writer Application

Return the completed application via US mail and postmarked no later than
Friday, February 15, 2013.

(Please note signatures required – Page 3)

GENERAL INFORMATION

Name: _____
First Middle Initial Last

Position/Occupation (check all that apply):

☐ Licensed Visual or Performing Arts Teacher (Indicate arts discipline—dance, drama/theatre, music or visual art) _____

☐ Professor of Arts Education (Indicate arts discipline) _____

☐ Other Position _____

School District, College/University, Professional Organization name: _____

_____

_____

If School District, check all that apply:

☐ Public School ☐ Nonpublic School

☐ Rural ☐ Suburban ☐ Urban

School Name (If applicable) _____County: _____

Work Address: _____

City: _____ Zip Code: _____

Work Phone: _____ Work e-mail: _____

Home Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Home e-mail: _____

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PROFESSIONAL EXPERIENCE

Academic Degrees: _____

Current Licenses/Certificates Held: _____

Current Grade-Level(s) Taught: _____

and specific areas of emphasis, ie, music—general, instrumental, choral

_____

Total Years of Professional Experience: _____

STATEMENT OF QUALIFICATIONS

ODE will select applicants to represent the four arts disciplines, various state regions and all grade levels. Additionally, selected applicants should have interest and skill in writing and editing educational material; experience implementing Ohio's arts standards; and deep understanding of one or more arts disciplines. Briefly explain the reason why you want to serve in the process and include statements about your qualifications.

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REQUIRED SIGNATURES

To participate, you need the signature of your principal/supervisor. Commitment involves attendance at three separate full-day writing sessions from mid-March 2013 to June 2013. Your supervisor's signature verifies support for your application and approval of release time to attend writing meetings. Participating teachers will receive reimbursement for substitute teacher and mileage costs.

The signatures that follow verify that my supervisor was informed about and approves my application and the release time needed to meet the obligation of serving as a writer.

Applicant Name (please print):_____

Signature of Applicant: _____ Date: _____

Supervisor Name and Title (please print):_____

Signature of Supervisor: _____ Date: _____

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Please mail completed form to:
Vicky Kelly
Office of Curriculum and Instruction
Ohio Department of Education
25 South Front Street, Mail Stop 509
Columbus, Ohio 43215