**SPANISH VISITING TEACHER PROGRAM**

***Application for New Program Participants***

**School Year 2024-2025**

**Application Deadline: Friday, April 5, 2024**

**A. PRIMARY CONTACT**

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

a. Name:

b. Position:

c. E-mail:

d. Business Phone:

e. Cell Phone: (emergency use only)

f. Work Address:

**B. HOST INSTITUTION INFORMATION**

a. Institution Name:

b. Institution Address:

c. Chief Administrator’s Name:

d. Chief Administrator’s Title:

e. Chief Administrator’s E-mail:

f. Institution Phone:

g. Institution Web Site:

h. Please list the official start dates for the 2024-2025 academic year in your district:

For Teachers: For Students:

i. Institution Location: Urban Suburban Rural

(Highlight one)

j. Institution Profile: Public Private Religious Community

(Highlight all that apply)

k. Composition:

|  |  |  |
| --- | --- | --- |
| 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 2024-2025 school year to this application. Without it, this application will be considered incomplete and will not be processed. If your 2024-2025 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

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o. What dues will the teacher pay to the union (if applicable) per year?

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

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$

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:

s. Location of / Distance to Nearest 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, AP or International Baccalaureate courses, Seal of Biliteracy, etc.), especially those in which the visiting Spanish teacher will be expected to participate.

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 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 Spanish teaching positions?

c. In which grades is Spanish offered? (Circle or highlight all that apply.)

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

d. 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.)

e. Estimated number of students taking Spanish in 2024-2025:

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**

If you are requesting multiple new visiting teachers: please copy, insert and separately complete pages 5 and 6 for each position for which a new visiting teacher is being requested.

a. Please list the official start dates for the 2024-2025 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 2024-2025 school year. Attach additional pages if necessary.

|  |  |
| --- | --- |
| School sites where the visiting teacher will teach August 2024 - June 2025: | |
| School #1 Name:  Address 1:  Address 2:  Principal:  E-mail:  Phone:  Website: | School #2 Name:  Address 1:  Address 2:  Principal:  E-mail:  Phone:  Website: |
| School #3 Name:  Address 1:  Address 2:  Principal:  E-mail:  Phone:  Website: | School #4 Name:  Address 1:  Address 2:  Principal:  E-mail:  Phone:  Website: |

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

|  |  |  |  |
| --- | --- | --- | --- |
| Grades / Levels | Subjects/Course Names | # Class Hours / Week | Additional Information |
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|  |  |  |  |
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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.):

e. List other special training, skills or traits that you desire in this candidate (e.g., experience working with neuro-divergent 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.).

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

g. Please specify any teacher preferences based on your local needs Please note that the Department is prohibited from discriminating on the basis of race, color, religion, ethnic or national origin, gender identity or expression, military and veteran status, disability, age, marital status, parental status, genetic information or sexual orientation.

**F. 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 Agreement* 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 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 Agreement* 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 electronically send the signed application along with your initialed and signed program agreement and a copy of your 2024-2025 salary schedule to:** |
| Ohio Department of Education and Workforce  Attn.: Ryan Wertz – Education Program Specialist for World Languages & Global Education  [Ryan.Wertz@education.ohio.gov](mailto:Ryan.Wertz@education.ohio.gov)  Tel : (614) 728-4630 |
| **All applications must be received by Friday, April 5, 2024.**  **Please retain a copy of all signed documents for future reference.** |

**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 on the completed application form.**

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

**2024-2025 school year (or 23-24 school year if not yet available for 24-25).**

** Original initialed and signed copy of the 2024-2025 Spanish Visiting Teacher Program Host Institution Agreement.**

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| **Please electronically send all required, signed application materials to:** |
| Ohio Department of Education and Workforce  Attn.: Ryan Wertz – Education Program Specialist for World Languages & Global Education  [Ryan.Wertz@education.ohio.gov](mailto:Ryan.Wertz@education.ohio.gov)  Tel : (614) 728-4630 |
| **All applications must be received by Friday, April 5, 2024.** |