

MULTICULTURAL PARAPROFESSIONALS TO TEACHERS PROGRAM APPLICATION AND DISCLOSURE FORM

SECTION A- PERSONAL INFORMATION

*Please complete this application and submit to Department of Equity and Student Support.
 Incomplete forms will be returned and will delay approval.*

First Name	Middle Name	Last Name	Birthdate (Month, Day, and Year)
Street Address	City	State, Zip Code	
Social Security Number	Former Name(s) / Date of Change		
Phone	Email		
Emergency Contact Name	Phone	Relationship	

PLEASE CHECK ALL THAT APPLY:

- Present DCS employee and number of years in DCS _____
 - o Beginning Date _____
 - o Current Date _____
- Accepted into a college/university?
 - o If yes, please give name and date accepted _____
- Received a course plan and anticipated completion date _____
- Content area focus/major is in math, science or special education? Please list your major.

If content area focus/major is not math, science or special education, would you consider changing it to one of those three high need teaching areas?

- (please check one) _____ Yes _____ No
- Military veteran and number of years served _____
 - o If you are a military veteran, in which branch did you serve? _____
 - o Discharge Status _____
- In what languages are you fluent? _____
- Applied for and obtained grants and scholarships
 - o If yes, please give name and dates received
 - o _____
 - o _____
 - o _____
- Would like to volunteer with AmeriCorps
 - o (please check one) _____ Yes _____ No
- At least three letters of recommendation
 (two classroom teachers with whom you have worked and the building principal)

To what extent of assistance is needed, please list estimates.

Tuition costs	_____
Lab fees	_____
Textbook costs	_____
Childcare costs	_____
Total estimated costs	_____

SECTION B – VOLUNTEERISM AND SPECIAL HONORS/RECOGNITIONS

Volunteerism and Special Honors and Recognitions

Please list your volunteer and/or education related activities, as well as special honors and recognition. Please use a separate sheet, if necessary.

Activity/Honor	How you participated/Why you earned it	Date/Name of organization

SECTION C- EXPERIENCE

Check the area(s) in which you have worked:

- Academic Support (tutor, classroom helper, reading)
- Extracurricular
- Curriculum Enrichment (music, arts, after school)
- Non-Academic (playground help, office or library support)
- Special Populations (gifted, ESL, special education)
- Other (please be specific)_____

SCHOOL ENVIRONMENT:

- Early Childhood
- Elementary (K-5)
- Intermediate (6-8)
- High School (9-12)
- Alternative

SECTION D -- IMPORTANT DOCUMENTATION NEEDED

Please attach the following with your application:

- Teaching philosophy as it relates to your experience and current issues in education
 - o Two page typed, double spaced, 12 point font, Times New Roman
- Official transcripts
- At least three letters of recommendation
 - o (two classroom teachers with whom you have worked and the building principal)
- Documentation of military service
- Documentation of obtained grants and scholarships
- Documentation of acceptance into college/university and course plan

SECTION E – RELEASE OF INFORMATION AGREEMENT

As a participant in the Grow Your Own Education Adult Program for the DCSD, I understand the following;

- DCSD may review work history with the district.
- It is my responsibility to maintain a 3.0 GPA
- I understand that I need to submit grades each semester as part of continued eligibility.
- I understand that an electronic copy (pdf) of this authorization would be accepted with the same authority as the original.
- If the information provided or answer(s) to any question on the application change, I understand that I must immediately notify DCSD and provide an update.

I hereby certify that the above information, to the best of my knowledge, is true, accurate and complete. Any misrepresentations or willful omission(s) of fact shall be considered sufficient cause for disqualification of this application.

I authorize verification of any of this information. I authorize all current (unless so noted) and former employers, schools, and individuals to release any information concerning my background.

Print Full Name _____

Signature _____

Date _____

**Return this form to the Achievement Service Center
Attention: Dr. Erica Goldstone, Director
Department of Equity and Student Support
1606 Brady Street, Davenport, IA 52803**

OUR MISSION: To enhance each student’s abilities by providing a quality education enriched by our diverse community.