

CASE Returning Master Teacher Application

Directions: Review the Master Teacher Eligibility and Expectations. Fill out all of the information in the application by typing in the fields below or by selecting an entry from a pull-down menu. When you have finished filling out the application, print the form and collect additional information and signatures requested.

Send the completed application including the letter of reference to:

Dan Jansen, CASE Project Director
4560 NW Visitation Road
Forest Grove, OR 97116

Or, scan and email to: dan.jansen@case4learning.org

Personal Information

First Name:	<input type="text"/>	Last Name:	<input type="text"/>		
School Name:	<input type="text"/>	School District:	<input type="text"/>		
School Address:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip:	<input type="text"/>
School Phone:	<input type="text"/>	School Email:	<input type="text"/>		
Cell Phone:	<input type="text"/>	Home Email:	<input type="text"/>		

CASE Certifications

AFNR

ASA

ASP

Master Teacher Certification

Institute Availability:

(Please select only institutes for the course you are applying to be a Master Teacher and that you are available to facilitate.)

1st Choice

2nd Choice

3rd Choice

Please indicate units of instruction you have taught in their entirety for the course you are applying to become a Master Teacher.

Unit 1

Unit 4

Unit 7

Unit 10 (ASP only)

Unit 2

Unit 5

Unit 8 (ASA or ASP only)

Unit 3

Unit 6

Unit 9 (ASA or ASP only)

Please explain why you have not completed units in the course above.

Are you currently teaching the course selected above?

YES NO

Number of years **completed** teaching the course selected above:

By signing this document, I am providing notice of my intent to participate in the following responsibilities associated with being a CASE Master Teacher if selected:

- Attend a three-day weekend Master Teacher Session in April/May. If I am unable to attend this orientation for any reason I understand that I may not be able to participate as a Master Teacher for this summer.
- Complete the planning activities prior to my designated CASE Institute including the Scope and Sequence and Affiliate Equipment List according to the deadlines provided.
- Provide the leadership and instruction for the entire duration of the designated CASE Institute including travel days and preparation days. The duration of the Institute also includes evening availability for participant assistance and potentially weekend planning.

*Teacher Signature: _____

Building Principal Section

Email address:

By signing this document:

- I have read this notification and I recognize the importance of this professional development for my teacher.
- I understand the requirements that my teacher must complete leading up to and during the CASE Institute.
- I agree to support the teacher by providing the following requirements:
 - Release time to travel to Master Teacher Training in the spring
 - Release time (if under contract) to participate in the CASE Institute during the summer
- I understand that all travel expenses for my teacher's participation will be paid by CASE and will not be a responsibility of my district.

*Principal Signature: _____