

SPALDING CERTIFIED TEACHER APPLICATION



APPLICATION DATE _____

Name _____ E-mail _____
(First) (MI) (Last)

Street _____ City, St., Zip _____

Position _____ School/Grade Level _____

Street _____ City, St., Zip _____

Phone (H) _____ Cell _____ Fax _____

Phone (W) _____

| <u>COURSE HISTORY (since 1996)</u> | <u>Month/Year</u> | <u>Course Instructor</u> | <u>Location (City/State)</u> | <u>Letter Grade</u> |
|------------------------------------|-------------------|--------------------------|------------------------------|---------------------|
| WRTR 1 or MILA 1 | _____ | _____ | _____ | _____ |
| WRTR 2 or MILA 2 | _____ | _____ | _____ | _____ |

EDUCATIONAL HISTORY

| <u>Degree</u> <small>(Circle one or more)</small> | <u>Institution</u> | <u>State</u> | <u>dd/mm/yy Rcv'd</u> |
|--|--------------------|--------------|-----------------------|
| BA/BS | _____ | _____ | _____ |
| MA/MS | _____ | _____ | _____ |
| Doctorate | _____ | _____ | _____ |

| <u>PROFESSIONAL EXPERIENCE</u> <small>(Add lines if necessary)</small> | <u>Position/ Grade Level</u> | <u>Start/end Date</u> | <u>Years</u> | <u>Spalding * Check one</u> |
|--|----------------------------------|---------------------------|--------------|---------------------------------|
| <u>School</u> _____ <u>City, State</u> _____ | _____ | _____ | _____ | Yes ___ No ___ |
| _____ | _____ | _____ | _____ | Yes ___ No ___ |
| _____ | _____ | _____ | _____ | Yes ___ No ___ |
| _____ | _____ | _____ | _____ | Yes ___ No ___ |
| _____ | _____ | _____ | _____ | Yes ___ No ___ |

Other information you would like SEI to know about your experience.

I agree that:

- I have a genuine interest in pursuing Spalding Certification.
- I have a critical understanding of The Spalding Method and teach it with fidelity.
- I support the philosophy and mission of SEI.
- I support the value of an education.
- I am involved at the local school level, district, or professional level in curriculum development or other committee activities that enhance school programs (provide list of activities).
- All certification videos become the sole property of SEI.
- This application becomes null and void after one year if no further action is taken.

Practicum/Observation Fees

| | |
|--|---------------------|
| Demonstration 1 (includes Application Fee) | \$60 |
| Demonstration 2 | \$60 |
| Demonstration 3-4 | \$110 |
| Demonstration 5 (on site) | \$110 (plus travel) |

Funding source (e.g., personal, school, district): _____

Applicant _____ Date _____

School Administrator _____ Date _____

*Send completed application to Spalding Education International, ATTN: Professional Development Specialist,
23335 N. 18th Drive, Suite 102, Phoenix, AZ 85027*

*Select Yes if you used *The Spalding Method* during this period.

For Spalding Education International official use only

| | | | |
|----------------|-------|-----------|-------|
| Observation #1 | _____ | _____ | _____ |
| | Date | Evaluator | Notes |
| Observation #2 | _____ | _____ | _____ |
| | Date | Evaluator | Notes |
| Observation #3 | _____ | _____ | _____ |
| | Date | Evaluator | Notes |
| Observation #4 | _____ | _____ | _____ |
| | Date | Evaluator | Notes |
| Observation #5 | _____ | _____ | _____ |
| | Date | Evaluator | Notes |