

**The Education Cooperative (TEC)
TEACHER LICENSURE PROGRAM**

Intended Teacher Licensure Area

Please circle grade level(s):

5-8 5-12 8-12

For Office Use Only

Date Received:
 Date Reviewed:

Admission to program is is not granted.

Application for Admission
KINDLY PRINT OR TYPE

Full Name _____ Social Security Number: _____
Date of birth _____
Address (home) _____

Telephone (home) _____
Email address _____
Address (work) _____

Telephone (work) _____
Current position _____
How did you hear about this program? online at school from a friend other _____

Application will not be considered until all of the following requirements have been submitted.

- _____ PERSONAL STATEMENT (1-2 pages)
What is your philosophy of education?
- _____ RESUME
- _____ A COPY OF YOUR CURRENT TEACHING CERTIFICATE/LICENSE INDICATING
PROVISIONAL LICENSURE
If you have not yet received this license, please include the paperwork that was sent to the Massachusetts
Department of Education.
- _____ A COPY OF THE MTEL RESULTS FOR THE COMMUNICATION & LITERACY TEST AND
THE SUBJECT AREA TEST
If you have not yet received your score, please indicate date of test (___/___/___).
- _____ OFFICIAL UNDERGRADUATE AND GRADUATE TRANSCRIPTS
- _____ RECOMMENDATIONS FROM TWO (2) OF THE FOLLOWING:
 - Current curriculum coordinator or principal (if you have a teaching contract)
 - Recent employer or professor (if you do not yet have a teaching contract)
 - Other (colleague, professor, etc.)
- _____ \$50 NON-REFUNDABLE APPLICATION FEE
Check should be made payable to "The Education Cooperative."

PLEASE SUBMIT TO:
**TEACHER LICENSURE PROGRAM, C/O THE EDUCATION COOPERATIVE
PO BOX 186 – DEDHAM MASSACHUSETTS 02027
QUESTIONS? PLEASE EMAIL KNERPOUNI@TEC-COOP.ORG**

DEADLINE
APRIL 15, 2012
Rolling admissions
Please submit your
application as soon
as possible!

**The Education Cooperative (TEC)
TEACHER LICENSURE PROGRAM**
Letter of Reference (1)

Directions: Applicant completes top portion before giving this form to the evaluator.

Name of Applicant: _____

Applicant's Intended Teacher Licensure Area: _____

DISCLOSURE: This recommendation will become a part of your application to the TEC Teacher Licensure Program and will not be disclosed to any unauthorized individual without your consent. According to the 1974 Family Educational Rights and Privacy Act, you have the right to access this recommendation should you enroll in the TEC Teacher Licensure Program unless you waive your right to the information by checking the box below.

I have read the information above and hereby waive do not waive my right of access to this material should I enroll in the TEC Teacher Licensure Program.

Signature of Applicant

To Be Completed By Evaluator:

Your name: _____ Your Position: _____

Organizational Affiliation: _____

Address: _____

Email address: _____ Phone: _____

How long have you known this applicant and in what capacity?

1. Please complete the following scale.

ATTRIBUTE	<u>No basis for evaluation</u>	<u>Very poor</u>	<u>Below Average</u>	<u>Average</u>	<u>Above Average</u>	<u>Outstanding</u>
Professional competence						
Academic Ability						
Potential Teaching Skills						
Social or Interpersonal competence						
Ability to Communicate						

2. Overall Evaluation:

- I strongly recommend this applicant for admission to the TEC Teacher Licensure Program.
 I recommend this applicant.
 I recommend this applicant with reservation(s).
 I do not recommend this applicant.

3. Please attach a letter detailing your opinion of the applicant's potential as a teacher.

Evaluator should send directly to:
Teacher Licensure Program, c/o TEC
PO Box 186 – Dedham Massachusetts 02027

Signature of Evaluator

**The Education Cooperative (TEC)
TEACHER LICENSURE PROGRAM**
Letter of Reference (2)

Directions: Applicant completes top portion before giving this form to the evaluator.

Name of Applicant: _____

Applicant's Intended Teacher Licensure Area: _____

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