

**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](mailto:KNERPOUNI@TEC-COOP.ORG)**

**DEADLINE**  
**APRIL 15, 2011**  
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: \_\_\_\_\_

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