CENTERS FOR THE RE-EDUCATION AND ADVANCEMENT
OF TEACHERS IN SPECIAL EDUCATION

APPLICATION

Fax to 864.967.4729, or mail to Dr. Joe Sutton, Project Director−CREATE, 5 Jericho Ct., Simpsonville, SC 29680

BIOGRAPHICAL INFORMATION

Name_____
First Middle Initial Last

Address_____ Social Security No._____

City_____ Zip_____ Email:_____

Home Phone ( )_____ Work Phone ( )_____

Gender (circle): Female Male Birth Date_____Age:_____

Ethnicity (circle): African-American American Indian Asian-American Caucasian Hispanic

CURRENT EMPLOYMENT/ASSIGNMENT

School District_____ Principal_____

Position (circle): SpEd Teacher GenEd Teacher Teacher Asst. Other_____

Type of SpEd Program (circle): Self-contained Resource Inclusion Other:_____

Primary Type of Student Disability Served (circle): ED LD MD Multi-categ. Severe Other

Is a teacher assistant assigned to your classroom? Yes No If yes, full- or part-time?_____

PROFESSIONAL PREPARATION

Undergraduate degree (circle): Bachelor's Associate's No degree (____hours college credit)

Major of Bachelor's degree:_____ Minor:_____

Year Bachelor's degree conferred:_____ Is your bachelor's degree in an education area? Yes No

Do you hold a Master's degree? Yes No If yes, what type? M.A. M.S. M.Ed. M.A.T.

Is your Master's degree in education? Yes No Major:_____

TEACHING EXPERIENCE

Number of years in the current SC school district you are employed (including the present year): _____

Number of years in previous, other SC public school districts:_____Years in SC private schools: _____

Years in non-SC public or private schools:_____Years in non-teaching profession (e.g., business):_____

STATE CERTIFICATION

SC Certificate No._____ Areas:_____ Year first issued:_____

SpEd certification you are seeking (circle one): ED HI LD MD Multi-cat. Severe VI

I authorize Project CREATE personnel to the use the information I have provided above for evaluation and research purposes related to the project. I also understand that I will never be named personally or identified publicly in any report.

_____ _____
Signature Date