



APPLICATION

*** Fax to 252.566.9327, or scan and email as attachment to Dr. Joe Sutton at director@sccreate.org ***

BIOGRAPHICAL INFORMATION

Name _____
First Middle Initial Last

Address _____

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: _____

Certification you are seeking (circle one): BCBA 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