

Southwest Washington Consortium: Plan II Teacher Certification

Highly Prepared ~ Experience Based ~ Professional Attributes ~ Value the Individual

Teacher Preparation PROGRAM APPLICATION

Have you previously attended or taken a course from SWC? Yes No

If so, when was the course taken? Year: _____ Course: _____

Do you currently hold a teaching certificate? Yes No

If yes, attach a copy with your application.

Do you have 6000 hours of industry experience? Yes No

What instructional area are you pursuing? _____

PERSONAL INFORMATION

Mr. Mrs. Ms. Miss

NAME: (last) _____

(first) _____ (Middle Initial) _____

(maiden) _____ (preferred name -- if different) _____

MAILING ADDRESS (street or PO Box) _____

(city) _____ (state) _____ (zip) _____

(nation) _____ (county -- if WA address) _____

HOME PHONE (required): _____ Voice messaging available? Yes No

CELL PHONE (optional): _____

WORK PHONE (required): _____ Voice messaging available? Yes No

EMAIL ADDRESS (required) _____

GENDER (optional): Male Female

BIRTHDATE (required): _____ / _____ / _____

ETHNICITY OF STUDENT: ANSWER BOTH QUESTIONS 1 & 2 BOTH RESPONSES NEEDED PER WASHINGTON OSPI & FEDERAL REQUIREMENTS

<p>QUESTION 1: Are you of Hispanic or Latino origin? (Please check all that apply)</p>	<input type="checkbox"/> NOT HISPANIC/LATINO <input type="checkbox"/> CENTRAL AMERICAN <input type="checkbox"/> CUBAN <input type="checkbox"/> OTHER HISPANIC / LATINO	<input type="checkbox"/> DOMINICAN <input type="checkbox"/> LATIN AMERICAN <input type="checkbox"/> MEXICAN/CHICANO MEXICAN AMERICAN	<input type="checkbox"/> PUERTO RICAN <input type="checkbox"/> SOUTH AMERICAN <input type="checkbox"/> SPANIARD
<p>QUESTION 2: What race do you consider yourself? (Please check all that apply)</p>	<input type="checkbox"/> AFRICAN AMERICAN OR BLACK <input type="checkbox"/> WHITE OR CAUCASIAN <input type="checkbox"/> ASIAN INDIAN <input type="checkbox"/> CAMBODIAN <input type="checkbox"/> CHINESE <input type="checkbox"/> FILIPINO <input type="checkbox"/> HMONG <input type="checkbox"/> INDONESIAN <input type="checkbox"/> JAPANESE <input type="checkbox"/> KOREAN <input type="checkbox"/> LAOTIAN <input type="checkbox"/> MALAYSIAN <input type="checkbox"/> PAKISTANI <input type="checkbox"/> SINGAPOREAN <input type="checkbox"/> TAIWANESE <input type="checkbox"/> THAI <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> OTHER ASIAN AMERICAN	<input type="checkbox"/> NATIVE HAWAIIAN <input type="checkbox"/> FIJIAN <input type="checkbox"/> GUAMANIAN or CHAMORRO <input type="checkbox"/> MARIANA ISLANDER <input type="checkbox"/> MELANESIAN <input type="checkbox"/> MICRONESIAN <input type="checkbox"/> SAMOAN <input type="checkbox"/> TONGAN <input type="checkbox"/> OTHER PACIFIC ISLANDER <input type="checkbox"/> ALASKA NATIVE <input type="checkbox"/> CHEHALIS <input type="checkbox"/> COLVILLE <input type="checkbox"/> COWLITZ <input type="checkbox"/> HOH <input type="checkbox"/> JAMESTOWN <input type="checkbox"/> KALISPEL <input type="checkbox"/> LOWER ELWHA <input type="checkbox"/> LUMMI <input type="checkbox"/> MAKAH <input type="checkbox"/> MUCKLESHOOT	<input type="checkbox"/> NISQUALLY <input type="checkbox"/> NOOKSACK <input type="checkbox"/> PORT GAMBLE CLALLAM <input type="checkbox"/> PUYALLUP <input type="checkbox"/> QUILEUTE <input type="checkbox"/> QUINAULT <input type="checkbox"/> SAMISH <input type="checkbox"/> SAUK-SUIATTLE <input type="checkbox"/> SHOALWATER <input type="checkbox"/> SKOKOMISH <input type="checkbox"/> SNOQUALMIE <input type="checkbox"/> SPOKANE <input type="checkbox"/> SQUAXIN ISLAND <input type="checkbox"/> STILLAGUAMISH <input type="checkbox"/> SUQUAMISH <input type="checkbox"/> SWINOMISH <input type="checkbox"/> TULALIP <input type="checkbox"/> YAKIMA <input type="checkbox"/> OTHER WASHINGTON INDIAN <input type="checkbox"/> OTHER AMERICAN INDIAN

EDUCATIONAL HISTORY

UNDERGRADUATE DEGREE (list additional undergraduate degrees on a separate page)

Institution: _____
 City: _____ State: _____
 Degree Earned: A.A./A.S. B.A. B.S. Major: _____
 Year of Graduation _____

GRADUATE DEGREE (list additional graduate degree on a separate page)

Institution: _____
 City: _____ State: _____
 Degree Earned: M.A. M.Ed. Other (specify) _____ Specialization: _____
 Year of Graduation _____

EMPLOYMENT HISTORY

Current School District (required if currently teaching): _____
 School (required if currently teaching): _____ Phone Number: _____

Program Title: _____

Begin date of Employment: _____

Previous Employer: _____ Phone Number: (____) _____

Job Title: _____ Dates of Employment: _____

Previous Employer: _____ Phone Number: (____) _____

Job Title: _____ Dates of Employment: _____

Official Use Only:	
\$25 Application Fee:	
Data Entry:	
Current Employment Verification:	
2 Letters of Reference: <input type="radio"/> #1 <input type="radio"/> #2	
WA Teaching Certificate: <input type="radio"/> Probationary <input type="radio"/> Conditional <input type="radio"/> Residency	
Request for transcript review: <input type="radio"/> Yes <input type="radio"/> No	
Orientation Completed – Date:	
Admit Date:	Student ID #:

Entry Requirements

All applicants for the Southwest Washington Consortium Plan II Teacher Preparation Program must complete the following:

1. Program Application Form
2. \$25 application fee
3. Two letters of reference affirming the applicant's potential for successfully working with youth
4. If currently teaching, a copy of your certificate
5. Verification of 6000 hours of industry experience

Submit the items above to:

Heidi Steigmann, CTE Plan II Program Coordinator

Southwest Washington Consortium

12200 NE 28th St.

Vancouver, WA 98682

(360)604-1074

Heidi.Steigmann@evergreenps.org



CASCADIA
TECH ACADEMY
Inspiring Greatness

Non-Discrimination Statement

Evergreen Public Schools will provide equal educational opportunity and treatment for all students in all aspects of the academic and activities program without discrimination based on race, religion, creed, color, national origin, age, honorably-discharged veteran or military status, sex, sexual orientation, gender expression or identity, marital status, the presence of any sensory, mental or physical disability, or the use of a trained dog guide or service animal by a person with a disability. The district will provide equal access to school facilities to the Boy Scouts of America and all other designated youth groups listed in Title 36 of the United States Code as a patriotic society. District programs will be free from sexual harassment.

The following employees have been designated to handle questions and complaints of alleged discrimination:

Cale Piland
Title IX Coordinator
Director of Athletics/Activities
13501 NE 28th Street
PO Box 8910
Vancouver, WA 98668-8910
Telephone: (360) 604-4431

Holly Long
Section 504/ADA Coordinator
Health services Manager
13501 NE 28th Street
PO Box 8910
Vancouver, WA 98668-8910
Telephone: (360) 604-6711

Tracy Thompson
Civil Rights Compliance Coordinator
Director of Personnel
13501 NE 28th Street
PO Box 8910
Vancouver, WA 98668-8910
Telephone: (360) 604-4010

If you have a disability that requires you to need assistance to access school facilities, programs or services, please notify the school principal.

Craig Downs
Assistant Director
Cascadia Technical Academy
12200 NE 28th Street
Vancouver, WA 98682
Telephone: (360) 604-1068

Joan Huston
Assistant Director
Cascadia Technical Academy
12200 NE 28th Street
Vancouver, WA 98682
Telephone: (360) 604-1074

Dr. Mark Mansell
Director
Cascadia Technical Academy
12200 NE 28th Street
Vancouver, WA 98682
Telephone: (360) 604-1060