



Washington Teachers' Union Application for WTU Teachers' Center Course Trainer

Date: _____

Name: _____

(Last Name)

(First Name)

Preferred Phone Number: () _____

Preferred E-mail Address: _____

Home Address:

Grade Level/Subject/Instructional Support Area:

Name of School at which you are currently teaching: _____

Are you a full-dues paying WTU Member? _____ yes _____ no

Currently held teaching licensure (subject, grade, and specification)

1. _____
2. _____
3. _____



Certified and/or trained in (Check all that apply)

Advanced Placement: _____

International baccalaureate: _____

AVID: _____

PBIS: _____

Best practices in Reading intervention: _____

Best practices in Mathematics intervention: _____

Best practices in Gifted and Talented instruction:

Curriculum Development: _____

Teaching and Learning Framework: _____

Early Childhood Education: _____

Individualized Instructional Model: _____

Special Education: _____

Related Service Provider Standards: _____

Other: _____



Please briefly describe any instructional leadership experience that you may have (e.g. instructional coach, academic dean)

I would like to become certified in the following WTU/AFT Courses (See descriptions online)

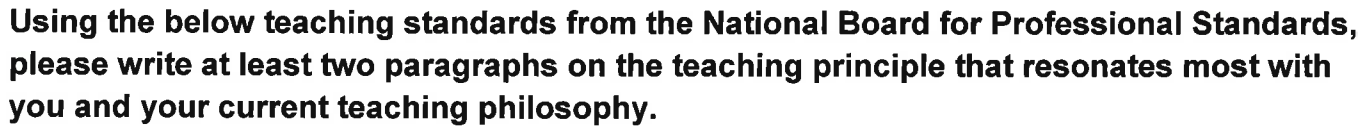
1.

2.

3.

I would like to create a class, in the future, that supports teachers from the following ET-15 groups, please check all that apply;

<input type="checkbox"/>	General Education Teachers (PK-12)
<input type="checkbox"/>	Early Childhood Education Teachers
<input type="checkbox"/>	Special Education Teachers
<input type="checkbox"/>	Special Education Teachers — Autism Program
<input type="checkbox"/>	Special Education Teachers — Early Childhood Education
<input type="checkbox"/>	Non-Itinerant English Language Learner (ELL) Teachers
<input type="checkbox"/>	Itinerant English Language Learner (ELL) Teachers
<input type="checkbox"/>	Shared Special Subject Teachers
<input type="checkbox"/>	Visiting Instruction Service Teachers
<input type="checkbox"/>	Library Media Specialists
<input type="checkbox"/>	Counselors
<input type="checkbox"/>	School-Based Social Workers
<input type="checkbox"/>	School-Based Psychologists
<input type="checkbox"/>	Related Service Providers
<input type="checkbox"/>	Speech-Language Pathologists
<input type="checkbox"/>	Instructional Coaches
<input type="checkbox"/>	Mentor Teachers
<input type="checkbox"/>	Other:



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- This image shows a blank sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



Intent of Commitment Agreement

I _____ understand that if after submitting this application I am selected by the Washington Teachers' Union to become one of its trainers, I will:

- ✓ Complete all AFT trainings; including the AFT training held this summer (July 19-25, 2015) and any other training thereafter.
- ✓ Secure release time from my local school community's leadership for any and all trainings that I am required to attend.
- ✓ Attend 95% of the WTU's trainer cohort and Professional Development Team meetings throughout the calendar year.
- ✓ Deliver a course for at least two consecutive years and during at least one WTU Summer Institute.
- ✓ Upon completion of the course, submit all required documentation including: course syllabi, confidentiality agreements, attendance sheets, participant feedback forms/evaluations, grade sheets, materials/equipment owned by the WTU and any other pertinent information to the Washington Teachers' Union.
- ✓ Adhere to the fact that all materials used, unless otherwise personally created on personal machines, is the property of the American Federation of Teachers and/or the Washington Teachers' Union and cannot be sold, or reproduced for personal gain or profit.

Signed: _____ Date: _____

(Applicant)

Please submit your application, intent of commitment agreement, and a \$25 processing fee to the Washington Teachers' Union at 1239 Pennsylvania Avenue SE, Washington, DC 20003 by Friday, May 15, 2015.

Late applications will not be accepted.