

Teacher Cadet Program Application Packet

Application, Essay, Teacher Recommendation Form

Application Instructions

Please complete the form below and return to _____ by _____.

You will not be considered for admission into the Teacher Cadet Program until at least five teacher recommendations and essay have been received.

First Name Middle Name Last Name

Address _____

City State Zip Phone Number(s)

Parent(s) /Guardian(s) Name(s)

E-Mail _____

Number of school days absent last year _____ GPA _____

Honors courses you have taken:

Courses (other than the Teacher Cadet class) you plan to take next year:

References (List five teachers to whom you gave reference forms.)

Essay

Choose **one** of the following questions to answer in essay form. You may write or type your answer in the space below.

1. Tell me about a teacher who has had a positive influence on you.
2. Why are you interested in participating in the Teacher Cadet Program?

Teacher Recommendation for Teacher Cadet Applicant

Applicant's Name _____

Teachers, do not return this form to the student because your responses are confidential. Please return this recommendation form to me by placing it in my teacher's box or bringing it to my classroom. Please turn in all recommendations by the deadline of _____. Your feedback is important in the selection of the students best suited for this class. Thank you for your interest in and support of the Teacher Cadet Program.

Teacher Cadet Instructor

Using a scale of 1 (weakest) to 5 (best), please rate this Teacher Cadet applicant in the following areas. You may select "DK" if you don't know how to respond to a category.

| | 1 | 2 | 3 | 4 | 5 | DK |
|--|---|---|---|---|---|----|
| Professional Appearance/Grooming | | | | | | |
| Poise | | | | | | |
| Sensitivity to Others | | | | | | |
| Leadership Skills | | | | | | |
| Dependability/Commitment | | | | | | |
| Integrity | | | | | | |
| Ability to Accept Constructive Criticism | | | | | | |
| Ability to Work in Groups | | | | | | |
| Creativity | | | | | | |
| Intelligence | | | | | | |
| Academic Achievement | | | | | | |
| Communication/Grammar/Writing Skills | | | | | | |
| Motivation/Willingness to Work | | | | | | |
| Potential as an educator | | | | | | |
| Attendance | | | | | | |

Please include comments to help the selection committee make wise choices for the Teacher Cadet Program. Continue on the back of this form if you need additional space.

Your Name _____

How long have you known the applicant? _____

Thanks! Please return this recommendation form to _____.

Dear _____,

Thank you for your interest in the Teacher Cadet Program.

Before it can be determined if you are eligible for the Teacher Cadet class, I must receive some additional information. I am missing the following:

_____ Application (with name, address, parent/guardian's names, etc.)

_____ Essay

_____ One or more teacher recommendation forms

If you need any of the required forms, please see me in my classroom (_____).

Missing sections of applications must be turned in to me by _____.

If you have decided not to take the course, please inform me by _____.

Thank you for your immediate attention to this matter.

Sincerely,

High School Teacher Cadet Instructor