

Oconee RESA Georgia TAPP Application

Interoffice use only:
Date Entered in
NTRS

PERSONAL INFORMATION

SSN _____ Date of Birth (mm/dd/yyyy) _____
 FName _____ LName _____
 Home E-Mail _____ School Email _____
 Address _____
 City _____ State _____ Zip _____
 Home Phone (nnn-xxx-xxxx) _____ Cell (nnn-xxx-xxxx) _____
 Gender Female Male
 Are you Hispanic or Latino of any race? Yes No
 Ethnicity American Indian Asian Black Hispanic Multi-Racial White Other

COLLEGE DEGREE *(Official Transcripts are attached to this application.)*

Major 1 _____ Major 2 _____
 Institution _____ Institution _____
 Date Degree Awarded _____ Date Degree Awarded _____

GACE BASIC SKILLS ASSESSMENT SCORES/EXEMPTION *(Check the appropriate box)*











- SAT** Combined Score: **1000** (480 Verbal & 520 Mathematics)
- ACT** Combined Score: **43** (21 English & 22 Mathematics)
- GRE** Combined Score: **1030** on Verbal and Quantitative is required if tested with old GRE format (before August 1, 2011). Candidates need a GRE composite score of **297** on Verbal and Quantitative, if tested with new GRE format (on or after August 1, 2011)
- Having a **master's degree** or above from a PSC-accepted accredited institution recognized by either U.S. Department of Education at <http://ope.ed.gov/accreditation> or the Council for Higher Education Accreditation (CHE) at www.chea.org
- PRAXIS** Having passed all three parts of Praxis I or posted composite score of 526 when all three tests are taken by March 5, 2007.
- GACE** Having passed three parts of the GACE Basic Skill Assessment. The passing score for each part is 220. There is no composite or combining all three tests. Each part must be passed.
- A copy of my score is *attached*.

<i>District will complete the chart below.</i>		
<i>This section asks questions about candidates' teaching assignment.</i>		
Start Date (mm/dd/yyyy):	System:	School:
Certificate Field Code (see attached list):	Is this a Special Education Assignment? <input type="checkbox"/> Yes or <input type="checkbox"/> No	Candidate's Mentor <i>(Candidate's mentor must be teaching or have taught in the TAPP candidate's IT field:</i> FName: LName: SS# or CertID#:

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Superintendent's Assurance Form

Realizing the benefit that the program provides our school system and the community it serves in staffing critical-need teaching areas, I hereby provide these assurances

-  That the TAPP Candidate _____ is eligible for an Intern Certificate and has been employed by _____ Board of Education for the _____ (Ex: 2011-2012) school year in a classroom teaching position.
Name
School System
School year
-  That all candidate records and application materials for employment are complete and are on file in the system personnel office.
-  That the Candidate has completed his/her Oconee RESA application portfolio and forwarded it to the appropriate person at Oconee RESA.
-  That the school and school system agree to provide the mentor teacher the equivalent of at least one day a month and three days in the summer additional planning time.
-  That the school and school system agree to provide at least one building level administrator and one central office level administrator release time from other duties and responsibilities to work with the candidate on an ongoing basis, to observe the candidate's performance in the classroom, and to provide feedback, instruction, guidance, and support.
-  That our school and school system agree to provide the Candidate with release time to observe other classes and to conference with the teachers observed.
-  That our school and school system agree to provide the Candidate at least three school days release time throughout the internship to observe in a school significantly different in socio-economic status and in ethnicity from the school where the Candidate teaches.
-  That the Principal, or his/her designee, will arrange schedules for the above activities at the request of the mentor teacher.
-  That the Principal will conduct at least on Extended GTOI observation with feedback to the Candidate each semester of teaching.
-  That the school system and its personnel are committed to making the Oconee RESA TAPP Candidate a successful teacher and member of the professional community and to retaining this person in the Oconee RESA Teacher Alternative Preparation Program.

Superintendent's Name (Print)

Superintendent's Signature

Please send completed application to the following address.

Oconee RESA
Attn: GaTAPP
206 South Main Street
Tennille, GA 31089

Oconee RESA Georgia TAPP Application

Payment Information

Please Note: Applications will not be processed unless payment is submitted with the application. We accept money orders and system purchase orders only. All fees are non-refundable.

*Candidate completes #1 if the candidate is paying TAPP fees.
System completes #2 and 3 if the system is paying TAPP fees 1st year and subsequent years.*

Candidate's Name: _____

School System: _____

Candidate and System will complete #1 if candidate is paying TAPP fees.

- 1.** Enclosed with this application is payment in the amount of \$1500 to cover Oconee RESA TAPP Application Fee for the _____ **(Ex: 2011-2012)** school year. I understand the second year fee is due at the beginning of the second year of the program. I agree to pay the second year Oconee RESA TAPP fee of \$1500 by August 1, to continue in the program. I agree to pay \$1500 per year for each additional year required to complete the program. Candidates must complete all requirements by August 15 of a given year to avoid fee payment for that year.

Candidate's Signature

Date

Superintendent's Signature

Date

Candidate and System will complete #2 and #3 if district is paying TAPP fees.

- 2.** Attached is the school system purchase order to pay the \$1500 Oconee RESA TAPP Application fee for the _____ **(Ex: 2011-2012)** school year. In return for this opportunity, I agree to work for the _____ school system for two full years upon completion of the TAPP Program. If I choose to end my employment or I am terminated prior to the end of the TAPP program, I will reimburse the _____ school system a pro-rated share of the fees paid. Candidates must complete all requirements by August 15 of a given year to avoid fee payment for that year.

Candidate's Signature

Date

Superintendent's Signature

Date

Candidate and System will complete #3 to confirm who is responsible for Year 2 and Year 3 TAPP fees.

- 3.** Authorization is given to Oconee RESA to invoice (check the appropriate box)
 DISTRICT **OR** PARTICIPANT
for \$1500 to pay applicant's **second and third year** TAPP fees. Candidates must complete all requirements by August 15 of a given year to avoid fee payment for that year.

Candidate's Signature

Date

Superintendent's Signature

Date