

**APPLICATION FOR TUSD "GROW OUR OWN" PROGRAM
FOR MOVE TO SPECIAL EDUCATION**

2016-2017 School Year

NAME: _____ PHONE: _____

SCHOOL: _____ CURRENT ASSIGNMENT: _____

E-MAIL: _____

The following must accompany application for packet to be complete:

- A letter of recommendation from your principal addressing your potential as a Special Education Teacher
- Copy of your Arizona Teacher Certificate

NOTE: UPON APPROVAL OF APPLICATION, AN AGREEMENT WILL BE SIGNED OUTLINING THE TERMS AND CONDITIONS OF THE PROGRAM

YOUR COMMITMENT: Continue to teach for TUSD in Special Education for two years after earning your Provisional Arizona Special Education certificate

List at least five (5) Professional References:

	Name of Reference	Phone #1	Phone #2	E-mail Address
1				
2				
3				
4				
5				

NOTE: As part of the application process, the Assistant Directors of Special Education will be conducting unannounced, drop-in observations.

Signature of Applicant

Date

Signature of Principal

Date

APPLICATION DEADLINE: 4:45 PM on March 18, 2016

RETURN COMPLETED APPLICATION PACKET TO: HUMAN RESOURCES - ATTN: Andrew Campbell

Approved Not Approved Pending

Comments:

Signature of Authorized Official

Date