

Application for

Arkansas Teacher Leadership Institute

Date \_\_\_\_\_

Please print the following:

Deadline for application: APRIL 30, 2010

INDIVIDUAL INFORMATION

I have applied to attend the Arkansas Teacher Institute before. No \_\_\_ Yes \_\_\_ (year applied) \_\_\_\_\_

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_

HOME STREET ADDRESS: \_\_\_\_\_

HOME CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ HOME E-MAIL: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_

- Gender and Ethnicity checkboxes: FEMALE, MALE, AFRICAN AMERICAN, ASIAN, CAUCASIAN, HISPANIC, NATIVE AMERICAN, OTHER

SCHOOL INFORMATION

SCHOOL DISTRICT AND/OR ORGANIZATION: \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_

WSTREET ADDRESS: \_\_\_\_\_ WCITY: \_\_\_\_\_ WSTATE: \_\_\_\_\_

WORK ZIP CODE: \_\_\_\_\_ WORK COUNTY: \_\_\_\_\_ WORK CO-OP: \_\_\_\_\_

NUMBER OF YEARS TAUGHT: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

WORK FAX: \_\_\_\_\_ WORK E-MAIL: \_\_\_\_\_

HAVE YOU ATTENDED AN ACADEMY INSTITUTE OR SEMINAR? YES \_\_\_ WHEN \_\_\_\_\_ NO \_\_\_

POSITION: (Please check one)

- Position checkboxes: ELEMENTARY, MIDDLE SCHOOL, JUNIOR HIGH, HIGH SCHOOL, UNIVERSITY, OTHER

CURRENT GRADE(S) TEACHING: (Please check appropriate spaces)

Grid of boxes for current grade(s) teaching: K, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, OTHER

SUBJECT(S) : \_\_\_\_\_

National Board Certification? YES \_\_\_ NO \_\_\_ Currently in process? YES \_\_\_ Plan to begin process? YES \_\_\_



DISCUSS WHY YOU THINK SOME STUDENTS ARE NOT ACHIEVING IN YOUR CLASSROOM:

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DESCRIBE HOW YOUR TEACHING PRACTICES HAVE CHANGED IN THE PAST TWO YEARS?  
WHY?

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LIST THE AVAILABLE TECHNOLOGIES YOU HAVE. DO YOU, OR HOW DO YOU, USE THESE  
APPLICATIONS TO IMPROVE STUDENT LEARNING?

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WHAT TECHNOLOGIES WOULD YOU LIKE TO KNOW MORE ABOUT (how to operate, how to use with  
students, etc.)?

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WHAT WOULD YOU LIKE TO KNOW AND BE ABLE TO DO AS A TEACHER LEADER BY THE END  
OF THIS EXPERIENCE?

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Please check  the Forum you would like to attend. However, if an applicant is chosen, the Arkansas Leadership Academy will make the final decision about which Forum the applicant will be placed. A letter with the decision will be sent June 1, 2010.

Forum 19 dates:     \_\_\_ August 10-13, 2010  
                          \_\_\_ October 24-26, 2010  
                          \_\_\_ January 9 -11, 2011  
                          \_\_\_ June 8-10, 2011

Forum 20 dates:     \_\_\_ September 19-22, 2010  
                          \_\_\_ November 14-16, 2010  
                          \_\_\_ February 27-March 1, 2011  
                          \_\_\_ June 26-28, 2011

**COMMITMENT:**

**TEACHER**

If selected to attend the Arkansas Teacher Leadership Institute, I understand that I am making a commitment to examine my teaching and learning practices for a one-year period in order to improve myself and all learners, adult and children, in my system. I understand that I will be expected to model professional leadership in my school. **IN ORDER TO GRADUATE FROM THE ARKANSAS TEACHER LEADERSHIP INSTITUTE, I AGREE TO PARTICIPATE FULLY IN THE FOUR SCHEDULED PROFESSIONAL LEARNING SESSIONS THROUGHOUT THIS CYCLE.**

*Due to the volume of applications received, completing this application cannot guarantee placement in one of the sessions.*

TEACHER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PRINCIPAL NAME** (please print): \_\_\_\_\_

Please indicate your Arkansas Leadership Academy Master Principal graduation dates:

Phase 1: \_\_\_\_\_ Phase 2: \_\_\_\_\_ Phase 3: \_\_\_\_\_

IF \_\_\_\_\_ IS SELECTED TO ATTEND THE ARKANSAS TEACHER LEADERSHIP INSTITUTE, I AM MAKING A COMMITMENT TO SUPPORT HIM/HER THROUGH A ONE-YEAR PERIOD IN THIS ENDEAVOR. I UNDERSTAND THAT ATTENDANCE AT ALL FOUR SESSIONS IS MANDATORY.

PRINCIPAL SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**SUPERINTENDENT NAME** (please print): \_\_\_\_\_

IF \_\_\_\_\_ IS SELECTED TO ATTEND THE ARKANSAS TEACHER LEADERSHIP INSTITUTE, I AM MAKING A COMMITMENT TO SUPPORT HIM/HER THROUGH A ONE-YEAR PERIOD IN THIS ENDEAVOR. I UNDERSTAND THAT ATTENDANCE AT ALL FOUR SESSIONS IS MANDATORY.

SUPERINTENDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Application needs to be received by the Arkansas Leadership Academy office no later than APRIL 30, 2010.**

**Mail or fax application to:**

**Arkansas Leadership Academy  
1 University of Arkansas  
WAAX 300  
Fayetteville, AR 72701 or  
479-575-8663 (fax)**