

**APPLICATION FORM**

*Transition of Paraeducators to Special Education Teachers  
through an Alternative Licensure Program (TOP-SET\* ALP)*

Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Last First Middle

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_  
Number Street City State Zip

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

E-mail address (Work)  
\_\_\_\_\_

1. If you are currently employed as a paraprofessional:

- a. **How long have you worked as a Paraprofessional?** \_\_\_\_\_
- b. **as a SPED Paraprofessional?** \_\_\_\_\_
- c. Are you currently assisting with students in classrooms?  
Yes \_\_\_\_\_ No \_\_\_\_\_

**OR**

2. If you are currently employed as a school personnel other than paraprofessional:

- a. Title of your current position: \_\_\_\_\_
- b. How long have you worked in the current position \_\_\_\_\_

3. School District you are employed by School \_\_\_\_\_ Grade \_\_\_\_\_

4. School Address \_\_\_\_\_

Phone \_\_\_\_\_ Principal \_\_\_\_\_

5. Are you currently enrolled in college classes? Yes \_\_\_\_\_ No \_\_\_\_\_

6. Please list the names of the high school and colleges that you have attended.

High School \_\_\_\_\_ Date graduated \_\_\_\_\_ or GED \_\_\_\_\_  
Date completed

College \_\_\_\_\_ Dates attended \_\_\_\_\_

Credits Completed \_\_\_\_\_ GPA \_\_\_\_\_

College \_\_\_\_\_ Dates attended \_\_\_\_\_

Credits Completed \_\_\_\_\_ GPA \_\_\_\_\_

College degrees earned: \_\_\_\_\_ A.A. \_\_\_\_\_ B.A./B.S. \_\_\_\_\_ M.A./M.S.

College Major \_\_\_\_\_

Minor \_\_\_\_\_

7. Letter of nomination from your district's Special Education Director (Attach to this application)

The form for this nomination is included in your application packet. You must have the **Special Education Director of your District or BOCES complete and sign the form and turn it in with your application packet.**

8. Statement of Interest (1-2 Pages, typed, attached to this form)

Please write a short statement stating why you want to become a special education teacher in your district. Please address the following in your essay:

- Your educational goals and professional goals
- Your past work experiences in education and special education
- Why you should be considered for this program
- What lifestyle changes and challenges you anticipate when you enter college
- What assistance you might need from friends, family, the program coordinator

9. Two letters of recommendation (please attach to this form):

Principal of your school \_\_\_\_\_

- For paraprofessionals, your supervising classroom teacher \_\_\_\_\_  
Or

- For other school personnel, your current supervisor \_\_\_\_\_

\*Tips for letters of recommendation: Have the person writing the letter state the reason(s) they would recommend you for this program, your strengths and weaknesses, what skills you have demonstrated on the job, how they view your personal interactions with students and coworkers, and what potential you have demonstrated.

10. Because this project is funded by a federal grant, if accepted in this project, you will be required to comply with the following requirements of the funding agency:
- a. Allow PAR<sup>2</sup>A Center to collect and report to the funding agencies periodic data and information such as grades, ethnicity, education, and materials generated in the project. Additionally, future publications may utilize the above information. However, names and personal identifiers such as district or classroom assignment will not be disclosed. All data and information will be aggregated (reported together) so that individuals cannot be identified. Please initial that you have read, understand, and agree to this. **Initials** \_\_\_\_\_
  - b. Sign a service obligation agreement that you shall a) serve a high-need school operated by a high-need local educational agency for at least 3 years (note: includes the first year while you complete the alternative licensure program after being hired as a Teacher of Record), and b) repay all or a portion of stipend or other incentive that the grant has paid for, if you fail to complete your service obligation. **Initials** \_\_\_\_\_
11. Have you ever been convicted of a criminal offense other than a minor traffic violation, or are there any such charges currently pending against you at this time?
- \_\_\_\_\_ **Yes**      \_\_\_\_\_ **No**

I certify that all information in this form is complete and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Return all application materials to:** The Paraprofessional Research and Resource (PAR<sup>2</sup>A) Center  
c/o Veronica Marquez-Hepworth  
PO Box 173364, Campus Box 106  
Denver, CO 80217

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**Office Use ONLY:**

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|---|-------------------------------------|
| 1. Completed application: _____                   | 5. Letters of recommendation: _____ |
| 2. Letter of nomination from SPED Director: _____ | Principal _____                     |
| 3. Statement of interest: _____                   | Supervising classroom teacher _____ |
| 4. Transcripts: _____                             |                                     |