

APPLICATION FOR MASTER TEACHER PROGRAM

DIOCESE OF ORLANDO, OFFICE OF SCHOOLS

Name of Teacher _____ *Name of School* _____

City _____ *Home Phone* _____ *Cell Phone* _____

Home address _____ *City* _____

E-mail address _____ *Grade Level of Teaching* _____

Why would you like to be a participant in this program? _____

Are you willing to implement new strategies and willing to try to teach in new ways? _____

Years of teaching experience in the Diocese of Orlando. _____

How long have you taught at your school? _____ *Years of teaching experience* _____

How would you plan to share the new learnings you have gained with your faculty? _____

This is a three-year program which will meet monthly. We would anticipate that you will fully participate in the program and fulfill the assignments. You will also be expected to share with your colleagues. We would hope that you are committed to Catholic education and that you will remain at the school or within the diocese following your completion of the program.

Signature of Principal _____ *Date* _____

Signature of Participant _____ *Date* _____

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