

Teacher Cadet Application Packet

(Application, Essay, Teacher Recommendation Form)

Instructions:

- Please complete this form and return to the counseling office **by May 6th.**
- You will not be considered for the Teacher Cadet courses unless you have completed an Application Packet **and have at least a 3.0 weighted GPA.**

Personal Information:

First Name

Middle

Last

Address

Advisory Teacher

City

State

Zip

Phone

Birth Date

Parent/Guardian's Name

Parent/Guardian's Signature

Academic Information (Must have a 3.0 weighted GPA)

GPA

Counselor Information

Current Grade Level

Honors courses you have taken:

Courses you plan to take next year:

List Courses Teacher Cadet will replace in your schedule:

References:

(List three teachers; fourth is optional)

Essay:

Choose one of the following questions to answer in essay form. Please attach the essay to the **FRONT** of your application

- Tell me about a teacher who has had a positive influence on you.
- Why are you interested in enrolling in the Teacher Cadet Program?

Recommendation

Instructions:

- The teacher recommendation is a very important part of the selection process for choosing students to participate in the Teacher Cadet Program. Since I do not know many of these students, I rely heavily on your honest appraisal.
- I realize that rating a student on a scale of one to five does not always lend itself to an accurate profile; therefore, I encourage you to include specifics in the comment section that would be helpful.
- Please complete this form and return to **the Counseling Office by May 6th**. Thank you for your time and cooperation.

STUDENTS NAME: _____

Rating (1 - poor, 3 - average, 5 - outstanding)

• Attitude	1	2	3	4	5
• Acceptance of responsibility	1	2	3	4	5
• Peer Relationships	1	2	3	4	5
• Achievements/Aptitude	1	2	3	4	5
• Participation in class	1	2	3	4	5
• Leadership	1	2	3	4	5
• Overall Assessment	1	2	3	4	5

Comments:

Verification:

Teacher Name & Signature

Date