

**TEACHER INDUCTION PROGRAM (T.I.P.)
PARTICIPANT INFORMATION
(OTE 119)**

Action Plan # _____

Name: _____ Social Security Number: _____ - _____ - _____
(Last, First, Middle)

Contact: _____
(Street) (City) (State) (Zip Code) (Home Phone)

TEACHING ASSIGNMENT INFORMATION

School _____ Grade/Subject _____ Date Employment Began (m/d/y) _____ Mentor Name _____

TEACHER TRAINING INFORMATION

Bachelor's Degree:

Institution: _____ State: _____

Program Major: _____ Date of Graduation (m/d/y): _____

Practicum Teaching/ Internship: _____ Yes _____ No

School: _____
(Name) (City/State) (Grade/Subject taught)

Graduated from the following College/Department: (Check One)
 Education Arts & Science Other (Specify)

Degrees Other Than Bachelor's: _____ Yes _____ No

(Degree) (Institution) (Graduation Date) (College/Dept.) (Program Major)

Pre-K – 12 TEACHING EXPERIENCE (exclude substitute teaching)

Please List (beginning with most recent):

Grade/Subject	Years (e.g., 2003-2004)	Name of School	School District/State	Certificate Type (e.g., Temporary or Professional)

COLLEGE TEACHING EXPERIENCE

Please List:

Subject	Years (i.e., 2003-2004)	Institution	State/ Country

** _____ (please initial) T.I.P. participants should complete the program within the first 180 days from date of hire.

Participant's Signature

Date of Signature

OTE 119 Send completed copy to Professional Development within 10 days