

Course Application

Select One:

_____ Introductory Literacy Intervention Specialist (Alphabetic Phonics)

Date of course: _____

_____ Take Flight

Date of course: _____

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Home Phone Number: _____

Work Phone Number: _____

Cell Phone Number: _____

Email Address: _____

Education

Undergraduate Degree: _____ Year: _____

Major _____ College _____

Teaching Certificate: (if applicable) _____

Graduate Degree _____ Year: _____

Major _____ College _____

Experience

Please include: current employer, number of years employed, phone and address of employer: _____

How did you hear about Fundamental Learning Center? _____

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Center.



Explain why you want to take this course. _____

Assurance of Commitment: If you are selected to participate in the Literacy Intervention Specialist program, do you agree to attend all class sessions? If not, please indicate what dates/times might be a problem for you.

Attendance (Select One)

- In Class
- Virtual Classroom

Select a Track

- Certification Track
- Non-Certification Track

Signature

Date

Please provide a copy of your transcripts or a copy of your diploma with this form. Thank you.

Send to: Qualified Instructor Department
Fundamental Learning Center
Opportunity Drive
2220 East 21st Street North
Wichita, KS 67214



Fundamental Learning Center Reference Form

I am currently enrolled in an educational literacy course and would appreciate if you would take the time to fill out this reference form for me. I have enclosed an envelope for your convenience. Please return this form to the address below.

Name of Applicant: _____ (Please fill in the name of the applicant)

Please return this form to:
 Tammy Kofford, Fundamental Learning Center
 2220 East 21st Street North
 Wichita, KS 67214

How long have you known the applicant? _____

What is the applicant's current relationship to you? _____

Would you employ this person? _____

Characteristic	Unkown	Below Average	Average	Above Average	Superior
Personality					
Enthusiasm					
General Health					
Commitment					
Judgment					
Emotional Poise					
Professional Ethics					
Cooperation with Administrators					
Cooperation with Peers					
Public Relations					
Willingness to Accept Suggestions					
Interest in Professional Growth					
Knowledge of Subject Matter					
Organization & Planning					
Skill as a Teacher					

The applicant's strongest characteristic is _____.

Do you feel a telephone conversation would be beneficial? Yes ____ No ____

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Your name and telephone number: _____

Please list your additional comments on the back of this sheet as needed.



Signed: _____ **Position:** _____ **Date:** _____

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