Dear Colleagues,

Enclosed please find application information for teaching with the Purdue Gifted Education Resource Institute’s Talent Development Programs (Super Summer and Summer Residential). Teachers who participate in our programs encounter some of the most challenging and rewarding experiences of their careers. With each program come motivated, talented youth ranging in grades from Pre-K to 12 seeking accelerated and enriching learning opportunities in a wide variety of fields.

Our students rank in the top five to ten percent of their age group nationally, and they typically can master material two or three years above the average level for their age. Using differentiation strategies, such as the Purdue Three-Stage Model, our courses for this special population are designed to accomplish the following:

- Expose students to new areas of study and career possibilities
- Present new materials at an appropriately accelerated pace,
- Develop independent or self-directed study skills,
- Promote advanced thinking skills, and
- Engage students in high-level projects and experiments.

If you are interested in having the opportunity to enjoy interacting with high ability children by teaching in our programs, please complete the included application information and return it to BRNG 5108A. If you are new to our program, we will call you for an interview after we receive your application. In addition, we will call the individuals you list as references. If you have any questions about becoming an instructor or about the details of the specific program, please contact the individual responsible for that program.

Best regards,

Matt Fugate
Summer Residential Coordinator
fugatec@purdue.edu

Jiaxi Wu
Super Summer Coordinator
wu189@purdue.edu
Purdue Talent Development Programs
Teacher Application

The following application materials should be completed and returned to the GERI office in BRNG 5178. If you have any questions, please call our office at (765) 494-7243.

Date_________________ Date of Birth: _____ / _____ / ______

Name: ____________________________________________ PUID# ______ - ________

Local Address: __________________________________________________________________________________________
(Street) (City) (State) (Zip)

Permanent Address (if applicable): __________________________________________________________________________
(Street) (City) (State) (Zip)

Phone: Home ( ) ______ - ______ Work ( ) ______ - ______ Cell ( ) ______ - ______

E-mail Address:___________________________________

Phone number of someone who will always know how to contact you: ( ) ______ - ________

Contact’s Name:_________________________ Relationship:___________________________

Dates Available: Please check the dates you are available to teach under each program you are interested in. You can indicate your specific grade level interests on the attached course proposal form.

Super Summer 2011: (Week Long Commuter Camp for Pre-K thru 4th)
Mandatory Teacher Training Seminar: TBD

___ Dates: June 13 - June 17 ___ Dates: June 20 - June 24

Summer Residential 2011 (1-2 Week Long Residential Camp)
Mandatory Teacher Training Seminar: TBD

___ Dates: July 3 – July 16 Star I (7th - 8th grades)
Pulsar I (9th - 12th grades) ___ Dates: July 3 – July 9
Comet I (5th - 6th grades)

___ Dates: July 10 – July 16 Comet II (5th - 6th grades)
1. **Purdue University Status:** Please check **all** that apply.
   - _____ I am currently neither a student nor a faculty/staff member at Purdue University
   - _____ I am currently a student at Purdue
     - _____ graduate student  or  _____ undergraduate
     - _____ full time  or  _____ part time
   - _____ I am currently a faculty/staff member at Purdue University
     a. Employment Level  _____ full time  _____ part time: _____ FTE/%?
     b. Staff Type:  _____ faculty  _____ administrative/professional
        _____ grad assistant  _____ other: _________________
     c. Appointment Type:  _____ fiscal year (12 mo)  _____ academic year (10 mo)
        _____ biweekly  _____ other: _________________

2. **Educational Background:**

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3. **Work Experience in Education** (list most recent position first; include both paid and volunteer positions):

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<th>Employer</th>
<th>Position</th>
<th>Location</th>
<th>Supervisor</th>
<th>Employment Dates</th>
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4. **Please describe your current occupation:**

5. **Gifted and Talented Children:** Explain why you feel you could work effectively with gifted children. (e.g. courses, experience, attitudes, personality, etc.)
6. First Time Talent Development Program Teachers Only:

Please include the following items:

A. A copy of your teaching license (and endorsement as appropriate) or a transcript of courses completed if a license is not held, and

B. A letter of recommendation from an instructor or supervisor who can knowledgeably comment on your educational experience and/or your ability to work with children.

Recommender's Name _________________________ Phone _____________________

If there is great difficulty involved in obtaining either of these items, please contact our office.

7. Course Information:

Please complete the course proposal on the attached sheet. To assist us in offering a balanced selection of courses, please feel free to duplicate the course proposal form and describe any and all classes you would be willing to teach.

8. Compensation: Please check appropriate honoraria. Returning teachers, please complete a staff update form.

_______ First time teaching with Talent Development Programs
_______ Second time teaching
_______ Third time teaching
_______ Fourth time or more teaching

9. Background Check and Verification:

Have you ever been convicted of a crime? (Include court-martial convictions and sex offender crimes against minors under the age of 18, but exclude minor traffic violations.)

☐ Yes  ☐ No  If yes, list date, charge, place, court and action taken:

A prior conviction does not necessarily mean that you cannot be employed. I understand that employment in certain jobs is conditional upon a review of criminal conviction records. I authorize the Gifted Education Resource Institute of Purdue University to request and obtain, through police agencies, an investigation and report to determine the accuracy of my above answers as to prior criminal convictions, if any. I also understand that any false statement by me in this application or failure to give any material information requested will be cause for my rejection or dismissal.

Race:_____________________ Date of Birth:_________________

Your signature:___________________________________________

10. Release Authorization:

I hereby authorize the release of any information on the background check(s) the Gifted Education Resource Institute may have on file pertaining to me to sponsoring school corporations.

Your signature:___________________________________________ Date:_______________

Return all application materials to: Gifted Education Resource Institute, Beering Hall, Room 5108A, 100 N. University, West Lafayette, IN 47907-2098. Super Saturday, Super Summer and Summer Residential are continuing education activities of Purdue University, an equal access/equal opportunity institution.
Talent Development Course Proposal
(You may submit multiple proposals)

Applicant(s) Name(s): ____________________________________________________________

Course Title: _________________________________________________________________

I plan on teaching this class for (circle one): Super Saturday  Super Summer  Summer Residential
I do not plan on teaching this class: _____

For all items, use back of page if necessary.

Grade Level Preference:
Please check all age/grade levels for which you feel your course would be appropriate.

___ Preschool          ___ Grade 1          ___ Grade 5          ___ Grade 9
___ Kindergarten      ___ Grade 2          ___ Grade 6          ___ Grade 10
    ___ Grade 3          ___ Grade 7          ___ Grade 11
    ___ Grade 4          ___ Grade 8          ___ Grade 12

Course Description to appear in brochure (no more than 50 words):
Write a course sketch suitable for use in our brochure.

Course Goals/Theme:
State your overarching theme:

State several key goals or objectives for the course.
Students will be able to:

Instructional Activities/Methodologies:
Please provide specific examples of course activities in which students will be involved to help
them accomplish the above objectives.

Class Size:
Our maximum class size is 18 students. Please indicate if you need a smaller number of
students and explain why this is necessary:
Talent Development Programs First-Time Teacher Recommendation Form

**Applicant** - Please provide the following information:

Name: ___________________________________________ Phone: _____________________

Proposed Super Saturday Course(s) and Grade Levels: ___________________________________________

Please indicate one of the options below and sign your name before giving this form to recommender.

___ I waive my right to review this recommendation.

___ I do not waive my right to review this recommendation.

Applicant’s signature: ___________________________ Date: __________________

**Recommender** - The above-named individual is applying for a teaching position in the Super Saturday program, sponsored by the Gifted Education Resource Institute at Purdue University and under the direction of Dr. Marcia Gentry. Research compiled from a literature search in the field of gifted education indicates that a teacher of gifted and talented students should have the ability to

- engage gifted students in challenging thinking activities,
- lead gifted students in small-group and project activities,
- differentiate instruction to meet the needs of individual students,
- motivate students and provide counseling and affective activities,
- accelerate instruction to a level and pace appropriate for gifted students.

In general, our teachers are very knowledgeable in their subject matter, enthusiastic about teaching, and willing to devote time and effort to instruction. Please comment on these skills and traits as they relate to strengths and weaknesses of the applicant as a teacher. If you have any questions, please contact our office at (765) 494-7243.

Recommender’s Signature: ___________________________ Date: ________________

Type or Print Name and Title: ____________________________________________

Address: ____________________________________________ Phone: ________________

Please provide comments about applicant’s skills and traits as they relate to strengths and weaknesses in their teaching ability either on the back of this page or a separate sheet of paper. If necessary, may we call you to discuss this applicant? ___ Yes ___ No

Please mail to: Gifted Education Resource Institute
Beering Hall Room 5108A
100 N. University Street
West Lafayette, IN  47907-2098