



Teacher Application Form
Chinese Immersion Summer Day Camps for Ohio Students
June 17-30, 2009 (and Teacher Training June 12-14)
 The Ohio State University K-12 Chinese Flagship Program

To apply for a teacher or facilitator, you will need to provide the following:

- (1) Completed application form (below);
- (2) A copy of your License for Teaching Chinese (or Licensure Program record); and
- (3) One reference letter (see the Reference Form below).

1. Personal information

Name _____ Date of Birth _____ (D)/ _____ (M)/ _____ (Y)/

Place of Birth (City, State, Country) _____

Sex: Male _____ Female _____

School you are currently teaching _____

Home Address _____

City _____ Zip Code _____ County _____

Telephone (home) _____ Cell Phone _____

E-mail address (Please print clearly) _____

Are you legally able to work in the U.S.? Yes _____ No _____

Your immigration status: U.S. citizen _____ Permanent Resident _____ Other _____

2. Language background

List all courses you have taken related to Chinese language and culture:

Course Title	School	Dates Taken	Credits Received

Your highest degree and the time/place received _____

3. Experience in teaching/tutoring Chinese language (Begin with current or most recent.)

School	Dates	Materials Used	Levels Taught/Tutored

*Please indicate above if you have taught non-heritage students.

4. Self-Evaluation: Please rate yourself by checking the appropriate box.

	Outstanding	Very good	Good	Fair
Motivation				
Ability to adapt to new & different environments				
Organization				
Ability to express yourself in English				
Ability to work independently				

5. Statement of Understanding

The OSU K-12 Chinese Flagship Program provides intensive Chinese Immersion Summer Day Camp during June 17-30 (9:00am – 4:30pm), 2009 and will recruit teachers in the metro areas of Cincinnati, Cleveland, Columbus and Dayton. I understand that the teacher position requires a full-time commitment during the above program period, with an hourly compensation to be determined at the time of interview. I further understand that my appointment also requires that I attend a 3-day training (June 12-14) and a follow-up in mid August and receive credit hours from OSU for my attendance in these training workshops. I fully understand the nature of this program and will abide by its requirements and guidelines. I also understand that submitting this application does not guarantee my recruitment into the program as a teacher or facilitator.

Signature _____

Date _____

6. Statement of Affirmation

I affirm that the information I have provided on this application form and any additional information I submit is complete, accurate, and true to the best of my knowledge. I understand that furnishing false or incomplete information on any part of this application material or other related materials may result in cancellation of admission as a teacher of the Summer Day Camp program.

Signature _____

Date _____

7. Reference Form

Please ask your school administrator (or the person in charge of the Licensure Program) to fill out the references for you using the form provided below. The reference must comment on your ability to teach Chinese to non-heritage students.

Name of Referee	Contact information (Phone # and Email Address)

If you are submitting the Reference Form yourself, make sure the referee sign across the seal of the envelope. Please fill out the top portion of the reference form before giving it to your referee.

Please mail or fax your completed application form to the following:

The Ohio State University
K-12 Chinese Flagship Program
Attn: Kun Shi
2941 Kenny Road, Suite 110
Columbus, OH 43221

Fax: 614-292-3194

Please note that we plan to hire three teachers for each of the four camps in Cincinnati, Cleveland, Columbus, and Dayton. Priority will be given to applicants whose Application and Reference Forms are received on or before May 14 (Thursday), 2009. Because this year's StarTalk award is delayed, we will have to rush to complete the process to recruit teachers, peer mentors and students. Thank you for your understanding.

If you have questions regarding the application form or reference form, please call 614-292-0460 or send an email to shi.7@osu.edu.



Reference Form for Teacher Applicant
Chinese Immersion Summer Day Camps for Ohio Students
June 17 – 30, 2009 (and Teacher Training June 12-14)
 The Ohio State University K-12 Chinese Flagship Program

TO BE COMPLETED BY APPLICANT

Applicant's Name: _____

Indicate below whether you waive the right to check the references to be provided to you. Check only one of the spaces below.

I waive my right to view this reference. _____

I do not waive my right. _____

Signature _____ Date _____

TO BE COMPLETED BY REFEREE

The above individual is applying to the Chinese Immersion Summer Day Camp as a teacher. This is a highly intensive program that will require motivation and skills on the part of the applicant to teach Chinese language and culture to non-heritage students during June 17-30, 2009. Please consider these requirements as you fill out this reference form.

1. How long have you known the applicant and in what capacity?

2. Please rate the applicant in the following areas according to the scale below.

	5 (very high)	4 (high)	3 (average)	2 (low)	1 (minimal)	X (unknown)
Analytical ability	5	4	3	2	1	X
Creativity	5	4	3	2	1	X
Level of commitment	5	4	3	2	1	X
Patience	5	4	3	2	1	X
Discipline	5	4	3	2	1	X
Emotional stability	5	4	3	2	1	X

3. Please comment on the applicant's performance in teaching Chinese in your school/district. How does the applicant get along with her/his colleagues and students? Any additional comments that you can provide about the applicant would be greatly appreciated. If you prefer, you may attach an additional sheet with your comments.

*Please return this form to the applicant in an envelope with your signature across the seal, **or** if you prefer, mail or fax it to the following:*

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K-12 Chinese Flagship Program
Attn: Kun Shi
2941 Kenny Road, Suite 110
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Please note that priority will be given to applicants whose Application and Reference Forms are received on or before May 14 (Thursday), 2009. If you have questions regarding this form, please send an email to shi.7@osu.edu.

To be completed by referee:

Your Name: _____

Title: _____

Affiliation: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Phone: _____ E-mail: _____

Signature: _____ Date: _____