

TAPP Interest Form

TAPP

***Clayton County Public Schools***

**TAPP Interest Form**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_

Home Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work/Business Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secondary Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **\*\*\* ATTACH COLLEGE TRANSCRIPT(S) & GACE SCORE REPORTS\*\*\***

**EDUCATION**

⮚Highest Degree Earned: *\_\_\_\_Bachelors \_\_\_\_ Masters \_\_\_Specialist \_\_\_\_Doctorate \_\_\_\_Other*

⮚Have you ever held any type of teaching certificate? \_\_\_NO \_\_YES *If yes, please describe* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⮚Have you sent your transcripts to the Georgia Professional Standards Commission (PSC) for analysis for any area of certification? \_\_\_NO \_\_\_ YES In what area?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Attach PSC Response)*

⮚**Undergraduate College/University** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_

 Degree Type Awarded \_\_\_\_\_\_\_Date Degree Awarded \_\_\_\_\_\_\_\_Major \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GPA\_\_\_\_\_\_\_\_

***Check below the area in which you wish to teach (Please check no more than 2 areas)****Please Note:* ***15*** *upper level credit hours in the content area are required for middle school and****21*** *upper level credit hours in the content area are required for high school
{upper level credit hours are consistent with courses taken at the 300-400 (past sophomore level)}*

\_\_\_ Fine Arts
 *(Area)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Special Education

\_\_\_General Curriculum \_\_\_\_Adaptive

\_\_\_ Foreign Language

\_\_\_ Elementary Education

\_\_\_ Other

**GACE TEST(S) TAKEN**
(attach)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HIGH SCHOOL**

\_\_\_Math

\_\_\_Science

\_\_\_English/Language Arts
\_\_\_ROTC

\_\_\_CTAE
 *(Area)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MIDDLE SCHOOL**

\_\_\_Math

\_\_\_Science

\_\_\_Social Studies

\_\_\_English/Language Arts

\_\_\_Connections/CTAE
 *(Area)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ACKNOWLEDGEMENT: I understand that by completing this interest form and attaching my college transcript (s), I am requesting staff from the Department of Professional Learning to contact me and give me advice on the area of GACE which best matches my transcript. I understand that staff will not make any commitment to me as to my qualifications and/or acceptance into TAPP.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Print Name*

*Received by (Signature): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*