



**PARTICIPANT APPLICATION FORM  
PARAPROFESSIONAL PREPARATION FOR EXTRAORDINARY TEACHING  
(PPET)**

**NOTE: Applicant must be employed and assigned as a paraprofessional, substitute teacher, or other non-licensed personnel in a public school division or state-operated program in the Commonwealth of Virginia.**

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender: F \_\_\_ M \_\_\_

Ethnicity: American Indian or Alaskan Native \_\_\_ Black (non-Hispanic) \_\_\_ Other \_\_\_

(Please check one) Asian or Pacific Islander \_\_\_ Hispanic \_\_\_ White \_\_\_

Home Address \_\_\_\_\_ Home Telephone # (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ Social Security # \_\_\_\_\_

School Division \_\_\_\_\_ School Name \_\_\_\_\_

School Address \_\_\_\_\_ School Telephone # (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ School FAX # \_\_\_\_\_

School Principal's Name \_\_\_\_\_ Participant e-mail address \_\_\_\_\_

Current classroom assignment: LD \_\_\_ ED \_\_\_ MR \_\_\_ Other (please specify \_\_\_\_\_)

Years of experience as a paraprofessional/substitute teacher/other nonprofessional education personnel: \_\_\_\_\_

Name of college/university awarding B.A./B.S. degree: \_\_\_\_\_

Undergraduate Major (ex. English) \_\_\_\_\_ Undergraduate GPA: \_\_\_\_\_

Are you currently enrolled in a Master's program? YES \_\_\_ NO \_\_\_ College or University: \_\_\_\_\_

Specific endorsement you plan to pursue: (Check only one) LD \_\_\_ ED \_\_\_ MR \_\_\_

Do you or will you pay out-of-state tuition? YES \_\_\_ NO \_\_\_

I certify that I meet the eligibility requirements and agree to fulfill the participant's responsibilities in the Paraprofessional Preparation for Extraordinary Teaching Program as stated in the CSEEP Administrative Manual 6<sup>th</sup> ed. (available online at [www.odu.edu/cseep](http://www.odu.edu/cseep)) and the attached documents.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

TELETECHNET Site you plan to attend: \_\_\_\_\_

Mentor assigned to this paraprofessional is \_\_\_\_\_ Mentor's phone # (\_\_\_\_) \_\_\_\_\_

**As a representative of \_\_\_\_\_ (education agency), I recommend this applicant to participate in the Paraprofessional Preparation for Extraordinary Teaching program and hereby verify his/her employment as paraprofessional/substitute teacher/other non-licensed personnel. We agree to fulfill our responsibilities as outlined in the enclosed guidelines and the CSEEP Administrative Manual (6<sup>th</sup> ed.) (available online at [www.odu.edu/cseep](http://www.odu.edu/cseep)).**

Print name of principal (or designated official) \_\_\_\_\_

\_\_\_\_\_  
*Signature of principal or Designated Official*

\_\_\_\_\_  
*Date*

Please mail completed application packet to:  
Teacher Education Services, Education Building, Room 152, Old Dominion University, Norfolk, VA 23529  
Attn: PPET

Or Fax to: 757-683-4872

*Old Dominion University is an equal opportunity, affirmative action institution.*