

Teacher Access Point (TAP) Application

Individuals who are interested in the Teacher Access Point must complete the TAP application and agreement and submit with a letter of endorsement from their school administrator indicating this is necessary activity for their position (or with a copy of their Personnel Development Plan including these activities). Please return it in care of Ms. Peg Sullivan, Project Coordinator, Personnel Development Partnership, College of Education, Florida Gulf Coast University 10501 FGCU Blvd South, Fort Myers, Florida 33965. You may also supply requisite information by email to msulliva@fgcu.edu. If you have any questions, please call the office at (239)590-7747.

General Information

Name:	Social Security #:
Address:	Home Phone:
	Business Phone:
Home E-mail:	Business E-mail:

Employer Information

County:	Location:
Address:	Administrator/Supervisor:
	How Long?

Employment Information

Current Certifications (list up to three)			
Endorsements:			
Are you currently working in an ESE, Early Childhood or Inclusion setting?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Age Level:	<input type="checkbox"/> Birth- 3 <input type="checkbox"/> Pre-K <input type="checkbox"/> Elementary <input type="checkbox"/> Middle <input type="checkbox"/> Secondary		
Employment Setting:	<input type="checkbox"/> Natural Environment/Home Based <input type="checkbox"/> Inclusion (I) <input type="checkbox"/> Resource (II/III) <input type="checkbox"/> Self-Contained (IV) <input type="checkbox"/> Center (V) <input type="checkbox"/> Residential (VI)		
Undergraduate Degree:		Undergraduate Major:	

Educational Status Information

Are you currently admitted to a college or university Yes No Degree Seeking Non-Degree Seeking
Where? _____ Major: _____
Date of Admission: _____

Do you hold a Masters Degree? Yes No Subject Area: _____

Student Profile

Computer Literacy	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Other Languages (Spanish, American Sign, etc.)			
Ethnic/Racial Affiliation (optional):			

Student Signature

Date

Personal Action Plan

To Achieve "Highly Qualified" Status, Obtain Required Endorsement, or Professional Certification

NAME: _____

DATE: _____

Endorsement(s) needed: _____

Certification needed: _____

Professional Development related to Student Achievement: _____

Options to achieve highly qualified or to obtain this professional development which I researched:

Route to obtain Highly Qualified or the Professional Development I have selected:

I have selected this route because:

Timeline for achieving completion:

Additional Financial Assistance options explored and/or obtained:

Financial Assistance Request from TAP (program pays tuition or registration only not books or other fees):

Signature: _____ **Date:** _____

Teacher Access Point Agreement

Please read the agreement carefully. After you review, please sign and date the Agreement. A copy of the agreement must be submitted with your application or your application will be considered incomplete.

I, _____, have read, understand, and agree to the following terms and conditions:

1. I understand that I must complete a Highly Qualified Action Plan and obtain its approval prior to beginning any professional development activities to be funded by TAP.
2. I understand that once my plan is approved it is my responsibility to register and complete the activities outlined in the plan.
3. I will not miss more than two (2) course meetings without instructor permission.
4. I understand that there are other funding sources available to support my tuition or registration costs and I will apply for district or state reimbursement for courses prior to seeking funding through FGCU/Personnel Development Partnership or in conjunction.
5. I understand that only tuition/registration will be paid/ reimbursed. All other associated costs (i.e. child-care, transportation, books) will be my responsibility.
6. I agree to pay all required fees; application/admissions, health fees, parking and any other non-tuition related fees.
7. I understand that I must earn, at least, a "B" grade in any college/university courses to maintain my TAP eligibility.
8. I understand that, for valid personal or professional reasons I may withdraw from one TAP funded course/program with permission without penalty, and will be able to continue to receive TAP funding.
9. I understand that TAP only pays the rate of in-state tuition fees for any course.
10. I understand that TAP only pays for up to one course per semester or 3 per year unless written permission is granted by the Project Coordinator.
11. I agree to update my contact information and submit written documentation of my grades or certificate of completion to the Personnel Development Partnership office within 15 days of the close of the semester or completion of the program.
12. I agree to provide documentation of successful addition of the endorsements/certification to my professional certificate once I have received it.
13. Upon invitation, I agree to participate in all Personnel Development Partnership Project Evaluation, Needs Assessment, Course Evaluation, Program Evaluation and/or other activity as requested, and participate in a follow up pilot evaluation survey.

Student Signature

Date