CSU, Chico
SCHOOL OF EDUCATION
College of Communication and Education
csuchico.edu/soe

Part-Time Pool Information Form

Name: _____ Date: _____

Address: _____

Phone: _____ Email: _____

Position: ☐ University Supervisor *(course list not required)* ☐ Instructor *(course list required)*

Program:
☐ Multiple Subject Program ☐ Single Subject Program
☐ Educational Leadership ☐ Concurrent/Ed Specialist
☐ Curriculum & Instruction ☐ Ed Specialist
☐ Bilingual Program

Education: ☐ Doctorate ☐ MA/MS ☐ BA/BS
☐ Credentials: ☐ MSP ☐ SSP Subject: _____

Teaching Experience - (7-12 for SSP & K-8 for MSP) Years & Where:

_____

_____

For SSP, subjects taught: _____

Supervision Experience:
☐ Cooperating Teacher (years) _____
☐ University Supervisor (years) _____
☐ District Supervisor/Principal (years) _____

Supervision Training: ☐ Courses ☐ BTSA ☐ Other

Experience supervising teachers in a variety of content areas: _____

_____

Recent Professional Development (last 5 years): _____

_____

_____

For office use

☐ Vita; Resume
☐ Official Transcripts (MA required)
☐ Letters of Recommendation
☐ Part-Time Pool Form
☐ School of Education Courses
☐ Application for Academic Employment

Position: ☐ Instructor ☐ Supervisor

Interviewed _____

Contacted _____