



P.I.E. Teacher Application

2017-2018

Name: _____

E-mail address: _____

Address: _____

Phone: _____

Other Phone: _____

EDUCATION

College Name & Location	Degree	Date Conferred	Major	Minor	GPA

STUDENT TEACHING, INTERNSHIPS, SUBSTITUTE TEACHING

Name of School District, Name of School	Assignment	Dates From / To	Supervising Teacher, Principal or Other

PLEASE RESPOND TO THE FOLLOWING QUESTIONS:

1. Why are you interested in becoming a PIE teacher?

2. What do you hope to gain by having a Clinical Professor work with you in your classroom?

3. Are there other skills, talents, or experiences that make you a good candidate for the PIE Program?

Please return this completed application to:

**Scott Allen
P.I.E. Program/Educator Support Services
Nevin Platt Middle School
6096 Baseline Rd.
Boulder, CO 80303**