



**THE INTENSIVE TEACHER INSTITUTE IN
BILINGUAL EDUCATION AND ESL**

-AND-

**THE INTENSIVE TEACHER INSTITUTE IN
BILINGUAL SPECIAL EDUCATION
2008-2009**



PROGRAM DESCRIPTIONS AND ELIGIBILITY REQUIREMENTS

The **Intensive Teacher Institute (ITI)** was created to address the shortage of certified bilingual and English as a Second Language (ESL) educators and other professionals in New York State in both general education and special education. The ITI collaborates with school districts, preschools and Institutions of Higher Education (IHEs) approved by the New York State Education Department (NYSED) to assist participants in obtaining their bilingual education extension or ESOL certification through tuition assistance.

PROGRAM DESCRIPTION:

- ❖ Tuition assistance is provided for up to \$300 per credit for the bilingual education extension or ESL coursework in general or special education as approved by NYSED for the ITI program.
 - ✓ Fifteen (15) credits are provided for bilingual or ESL teachers in general education
 - ✓ Fifteen (15) credits are provided for bilingual or ESL teachers in special education and bilingual pupil personnel professionals
 - ✓ Candidates must choose one of the NYSED approved ITI collaborating IHEs

ELIGIBILITY REQUIREMENTS:

APPLICANTS MUST MEET AT LEAST ONE OF THE FOLLOWING TWO CRITERIA:

1. Applicants must be working full time (100%) in a NYS school district (or NYSED-approved preschool) as one of the following:
 - ✓ Bilingual general education teacher
 - ✓ Bilingual special education teacher
 - ✓ Bilingual teacher of students with speech and language disabilities
 - ✓ Bilingual pupil personnel professional (guidance counselor, social worker, or psychologist)
 - ✓ English as a second language teacher in general education
 - ✓ English as a second language teacher in special education
- OR-**
2. A nomination and commitment by the district superintendent, building principal, or preschool director to appoint the applicant to a full-time position as a bilingual education or ESL teacher as a result of participating in and completing the ITI program. **Section E** of the application requires that the applicant also make a commitment to serve in the position of bilingual education or ESL teacher in the nominating administrator's building for a period of two years after completion of the program. **Section F** of the application requires that the superintendent or building principal nominate the applicant, agree to the two-year commitment, and also supply information concerning the number of LEP students and current numbers of bilingual education and ESL teachers in the building.

ADDITIONAL REQUIREMENTS:

- ❖ Applicants for the Bilingual Education Extension must already possess oral and written language proficiency in English and in the native language of instruction.
- ❖ Applicants must indicate the certification sought: ESOL Certification or Bilingual Education Extension
- ❖ Applicants must be working in either a NYSED approved bilingual special education preschool or in the K-12 grade continuum in a New York State school district.
- ❖ Applicants must have and provide evidence of a current, valid NYS certification.
- ❖ Applicants must complete the ITI application in its entirety and provide required documentation.
- ❖ Applicant must agree to serve as a Bilingual Education or ESL teacher for 2 years in the nominating district/school or preschool upon completion of the ITI program.
- ❖ Applicants must NOT have received prior NYCDOE scholarships or funding incentives for shortage areas.

IF THE APPLICATION IS APPROVED, THE CANDIDATE IS REQUIRED* TO:

- ❖ Meet with the program coordinator of the selected IHE to determine appropriate coursework;
- ❖ Register for approved ITI courses;
- ❖ Maintain consistent enrollment in the program each semester until all coursework is completed;
- ❖ Take and pass the appropriate certification examination (i.e., BEA or CST);
- ❖ Maintain consistent communication with ITI staff regarding your status via surveys/questionnaires;
- ❖ Inform ITI staff of any changes in your personal information and/or status immediately;
- ❖ Submit a completed certification application to the NYSED TEACH on-line systems; and
- ❖ Ensure that NYSED receives passing scores on certification examinations along with all statutory workshops and fingerprint materials.

***Please note that not fulfilling the program requirements will result in being dropped from the program and the candidate will be held responsible for repayment of any tuition paid. ITI is not responsible for incomplete or failing grades.**

Please return completed application to:

**Eastern Suffolk BOCES
INTENSIVE TEACHER INSTITUTE
*Brookhaven Technical Center
350 Martha Avenue
Bellport, NY 11713***

APPLICATIONS THAT ARE INCOMPLETE WILL NOT BE CONSIDERED

**Intensive Teacher Institute
2008-2009
Application**

Please **PRINT** clearly and **COMPLETE** all sections.

Office Use Only:	
Reviewed by:	_____
Date:	_____
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
Program:	
<input type="checkbox"/> ITI-BE	<input type="checkbox"/> ITI-BSE
Initial Semester:	_____
Date Letter Sent:	_____
Date Data Entered:	_____

Section A: Demographic Information:

First Name: _____ MI: _____ Last Name: _____

SS#: _____ - _____ - _____ DOB: _____ / _____ / _____ Male Female
Mo Day Year

Current Assignment: _____ Date: _____

Home Address: _____

City State Zip

Telephones: Home () _____ Cellular () _____

Fax: () _____ E-mail: _____

The following checklist will assist you in ensuring that you have enclosed all of the required documents with this ITI application. Please check (✓) every item listed below and submit it with all required forms. Please be sure to keep a copy of the signed and completed application for your files.

- Completed all items in **Section A: Demographic Information** and **Section B: Teaching Assignment**
- Completed all items in **Section C: Certification Status** and included copy of current, valid NYS Certification as a teacher or pupil personnel professional
- Completed all items in **Section D: University/College Selection:** (Please indicate IHE here: _____)
- Completed all items in **Section E: ITI Program Agreement** and signed and dated by applicant
- Completed all items in **Section F: Nomination Requirement** and signed and dated by district superintendent, building principal, or pre-school director.
- If employed by the NYCDOE, please indicate the following:
 Region#: _____ District#: _____ School Name: _____

Office Use Only: NYCDOE Division of Human Resources Approval:		
Recommendation:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date	_____	
If no, reason:	_____	
Name of Official	_____	Position _____

B. Teaching Assignment* (please indicate only one assignment)

***PLEASE SEE ELIGIBILITY REQUIREMENTS**

Bilingual Education: _____ English as a Second Language (ESL)
Please indicate language of instruction (i.e., Spanish, Haitian Creole, others)

Work Site: (Please check one) School District _____ Preschool

School/Preschool Name: _____

School Address: _____

Phone: () _____ City _____ State _____ Zip _____ Fax: () _____

General Education: Please (√) only one assignment:

K-12 Classroom Teacher:

- Bilingual Elementary Classroom Teacher (K-6)
- Bilingual Secondary Classroom Teacher (7-12)
- ESL Teacher (K-6) – Grade Level(s): _____
- ESL Teacher (7-12) – Content Area: _____

Special Education: Please (√) only one assignment:

Bilingual Preschool Teacher:

- Integrated Class Teacher
- Special Ed. Classroom Teacher
- Special Ed. Itinerant Teacher
- Speech/Language Disabilities Teacher

Bilingual K-12 Classroom Teacher:

- Integrated Classroom Teacher
- Resource Room Teacher
- Special Ed. Classroom Teacher
- Speech/Language Disabilities Teacher

Bilingual Pupil Personnel Services:

- School Counselor
- School Psychologist
- School Social Worker

ESL:

- ESL Preschool Teacher
- ESL K-12 Classroom Teacher

Note: ESOL Certificate is **not** available to Pupil Personnel Service Professionals

C. Certification Status:

Please (√) only one certification and be sure to include a copy of certificate with this application:

- | | | | |
|---|------------------------------------|------------------------------|--|
| <input type="checkbox"/> Conditional Initial Certificate (specify) | <input type="checkbox"/> Bilingual | <input type="checkbox"/> ESL | <input type="checkbox"/> Special Education |
| <input type="checkbox"/> Initial Certificate | Area: _____ | | |
| <input type="checkbox"/> Internship Certificate (specify) | <input type="checkbox"/> Bilingual | <input type="checkbox"/> ESL | <input type="checkbox"/> Special Education |
| <input type="checkbox"/> Permanent Certificate (specify) | Area: _____ | | |
| <input type="checkbox"/> Professional Certificate (specify) | Area: _____ | | |
| <input type="checkbox"/> Provisional Certificate (specify) | Area: _____ | | |
| <input type="checkbox"/> Supplementary Teaching Certificate (specify) | <input type="checkbox"/> Bilingual | <input type="checkbox"/> ESL | <input type="checkbox"/> Special Education |
| <input type="checkbox"/> Transitional B Certificate (specify) | <input type="checkbox"/> Bilingual | <input type="checkbox"/> ESL | <input type="checkbox"/> Special Education |
| <input type="checkbox"/> Other (specify): _____ | | | |

D. University/College Selection:

I am currently enrolled in a university/college leading to (please check (√) one): Bilingual or ESL certification:
 Yes No

If yes, complete name of university/college and location/campus: _____
(Name/Location/Campus)

Semester enrolled: _____ # Credits already completed: _____

If no, please enter the name of an ITI collaborating university/college: *(Please refer to list of IHEs for 2008-2009)*

(Name/Location/Campus)

E. ITI Program Agreement: *(Signature required)*

I have read and understand the requirements for admission to the ITI Program for which I have been nominated. I agree to serve in the nominating school for a period of **two years** upon completion of this program. I am verifying that I am employed in a bilingual or ESL capacity, and do not currently hold certification in TESOL or Bilingual Education. I understand that I will **repay** the tuition costs if I fail to complete the program or the **two-year** service requirement.

Please check (√) the appropriate box:

ESL Personnel:

I understand that certification for teachers of English to Speakers of Other Languages (ESOL) requires that I take and PASS the Content Specialty Test (CST) in ESOL prior to my completion of this tuition assistance program.

Bilingual Education Personnel:

I understand that certification in bilingual education requires that I take and PASS the Bilingual Education Assessment (BEA) prior to my completion of this tuition assistance program.

Date

Applicant's signature

F. Nomination Requirement: (Signature of Administrator required)

To be completed by the district superintendent, building principal, or preschool director.

NOTE: Incomplete or unsigned nominations will not be considered.

Name of Applicant being nominated:

First Name

Last Name

Building Name

Superintendent's/Principal's/
Director's Phone Number

Fax Number

E-mail Address

Name of School District and District Number/Name of Preschool

Street Address

City, State, Zip

#LEP/ELL Students served in building in 2007-2008: _____

#Certified Bilingual and/or ESL Teachers in building in 2007-2008: Bilingual _____ ESL: _____

.....

I recommend the above-named applicant for admission to the ITI Program. Please check (√) the applicant's current or future assignment below:

Full-Time Bilingual Education Teacher – (Specify grade/language): _____

Full-Time ESL Teacher – Grade Level: _____ Content Area: _____

I affirm that the candidate will serve as a bilingual education or ESL teacher in this school building **for a minimum of two years** upon successful completion of the ITI Program.

Date

Signature of Superintendent/Building Principal/
Preschool Director

NYC Region Number, if applicable

Printed Name of Superintendent/Building Principal/
Preschool Director

For additional information on the ITI Programs, please call:

General Education Inquiries: 631-286-6551

Special Education Inquiries: 631-286-6748