



**Altmar Parish Williamstown Special Programs Office  
2018 Extended School Year Application Form**

Experienced teachers, teacher assistants, aides, and related service personnel are welcome to apply to the APW Extended School Year. ESY will run from July 9-August 16, 2016. An orientation meeting will be held at the APW Elementary School in early June.

**Teacher Selection is based on the following criteria**

- Valid NYS Teaching Certificate **\*\*\*Teachers must hold Special Education Certification**
- Classroom experience
- Curriculum knowledge
- Engaging teaching practice

**Proposed Salary**

The rate of pay is \$39 an hour for teachers. Teacher Assistants will receive \$18 an hour and Aides will receive their current rate of pay.

To indicate your interest in teaching ESY 2018, return this completed form to Heather Costello by **Friday, April 20, 2018.**

APW Elementary School  
Heather Costello  
640 County Route 22  
Parish, NY 13131

Last name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Place of Employment (if not APW employer): \_\_\_\_\_ Current School: \_\_\_\_\_

**Mark all of the position/positions for which you are applying:**

Classroom Teacher\* \_\_\_\_\_ Classroom Teacher Assistant \_\_\_\_\_ 1:1 Teacher Assistant \_\_\_\_\_

\* Must Hold Special Education Certification

1:1 Aide \_\_\_\_\_ Speech and Language \_\_\_\_\_ Occupational Therapy \_\_\_\_\_

Physical Therapy \_\_\_\_\_ Counseling \_\_\_\_\_ Nursing \_\_\_\_\_

If you plan to share the ESY assignment with a colleague in your department, please provide the dates you intend to work.

\_\_\_\_\_

**Areas of Expertise**

Grade Level Preference	Grade Levels Taught Within Last 3 Years
1.	1.
2.	2.
3.	3.

**Areas of Classroom Focus**

Please provide brief examples of how you:

- Make all students feel welcome.
- Engage all students in learning.
- Adapt our instruction and assessment to meet student's needs.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_