

Learner Support Team Teacher

See Job Description Handbook (Pages 15-16)

A: PERSONAL INFORMATION:

Surname _____	Preferred Name, Initials _____	Employee Number _____
Phone Number _____	School Name _____	Courier Number _____

NOTE: Your application will only be processed if accompanied by supporting documentation.

B: MINIMUM ACADEMIC QUALIFICATIONS/EXPERIENCE:

Please check the current Job Description Handbook and **attach university transcripts** with **relevant courses** highlighted. Please include **official course descriptions**.

- Bachelor of Education degree or equivalent
- Valid BC Teaching Certificate
- Minimum of two (2) years successful classroom teaching

Four Post Practicum Courses to include: (courses cannot be applied to more than one category)

1. One course or equivalent senior level (300 or higher) in Assessment and Evaluation of Student Learning Institution: _____
Course # _____

2. One course or equivalent senior level (300 or higher) in Differentiated Instruction Institution: _____
OR Inclusive Teaching Practices Course # _____

3. One course or equivalent senior level (300 or higher) from list A (see below)

Institution: _____

Course #: _____

List A:

- Behaviour Disorders
- Designs for learning: Reading/ Mathematics
- Identification, Assessment and Support of Learning Disabled Learners
- Introduction to Exceptional Children
- Teaching the Atypical Learner
- Teaching Thinking/Learning Strategies

4. One course or equivalent senior level (300 or higher) from list B (see below)

Institution: _____

Course #: _____

List B:

- Curriculum and Instruction in Teaching ESL
- ESL Literacy Instruction
- Language Development
- Second Language Acquisition
- Supporting the ESL Learners across the Curriculum

C. PREFERRED QUALIFICATIONS/EXPERIENCE:

- Completion, or near completion, of a Master's degree in Special Education, ESL and/or Curriculum and Instruction
- Completion, or near completion, of a diploma in English as a Second Language Instruction, or Special Education

D. OTHER RELEVANT INFORMATION: (use reverse side if necessary)

E. FOR OFFICE USE ONLY:

Qualified Reason: _____

Not Qualified

Signature: _____ Date: _____