

**SOUTHERN OREGON UNIVERSITY**  
**SOUTHERN OREGON TEACHERS FOR ENGLISH**  
**LANGUAGE DEVELOPMENT (SOTELD)**  
**GRANT PROGRAM**

**INSERVICE TEACHERS**  
**ESOL/BILINGUAL ENDORSEMENT PROGRAM**

**APPLICATION INSTRUCTIONS:**

Prior to submitting the application packet, verify that the following items are included by placing an "X" in the appropriate place.

- \_\_\_\_\_ Part A: Participant Information  
\_\_\_\_\_ Part B: Teacher Questionnaire (by applicant)  
\_\_\_\_\_ Part C: Professional Form from School Principal  
\_\_\_\_\_ Part D: Direct Supervisor Reference and Essay

**Submit completed applications to:**

**Southern Oregon Teachers for English Language Development (SOTELD) Grant Program**  
Southern Oregon University  
Department of Education  
1250 Siskiyou Boulevard  
Ashland, Oregon 97520

**Application Deadline**

**Monday, May 19, 2008**

Postmarked on or before 5/19/2008

For information contact Shantrín Lininger

[liningers@sou.edu](mailto:liningers@sou.edu)

541 552-6919

# SOTELD GRANT APPLICATION

## INSERVICE TEACHERS

### PART A: PARTICIPANT INFORMATION

<b>Name:</b> _____			
Last	First	Middle	Former
<b>SS#:</b> _____			
<b>Mailing Address:</b> _____			
<b>Permanent Address:</b> _____			
<b>Home Phone Number:</b> _____		<b>Work Phone Number:</b> _____	
<b>E-mail Address:</b> _____			
<b>School District:</b> _____		<b>Building:</b> _____	
<b>Gender</b> _____		<b>Ethnicity</b> _____	
<b>Your first language</b> _____		<b>Your second language</b> _____	
<b>Please describe your abilities in Spanish. Check all statements that apply:</b>			
1. I do <u>not</u> speak Spanish.	4. I can write at a high school level or above in Spanish.		
2. I am a native Spanish speaker.	5. I can read at a high school level or above in Spanish.		
3. I am a non-native Spanish speaker.	6. I would be comfortable teaching in Spanish.		
<b>ACTFL or other language proficiency exam scores (if taken)</b> _____			
		Exam name	Scores

⇒ **If selected to participate in the SOTELD Grant Program, I commit to complete the ESOL/Bilingual Endorsement Program within 2 years of acceptance into the grant program.** ⇐

\_\_\_\_\_ **Participant Signature**

**PART B – TEACHER QUESTIONNAIRE**

Please use the back of this sheet if necessary.

**Secondary content area you teach:**

**Grade level responsibilities:**

**Approximate number of ELL students in your classes:**

**Why would you like to participate in the SOTELD Grant Program, and what do you hope to gain from your participation?**

**Describe your experience working with ELL students. How will the migrant/ELL students you teach benefit from your participation in the SOTELD Grant Program?**

**Are you bilingual? \_\_\_\_\_ If so, what language(s) do you speak?**

**In what languages do you read and write?**

**Do you consider yourself bicultural? \_\_\_\_\_ If so, please explain:**

**How do you see yourself serving ELL and migrant students in this region over the next five to ten years?**

**Which courses have you already completed within the ESOL endorsement program?**

**PART C - Professional Reference Form**

**SOUTHERN OREGON TEACHERS FOR ENGLISH LANGUAGE  
DEVELOPMENT (SOTELD) GRANT PROGRAM  
ESOL/BILINGUAL ENDORSEMENT**

Dear Building Principal,

Southern Oregon University is accepting applications for the Southern Oregon Teachers for English Language Development (SOTELD) Grant Program. Grant funds will support **BILINGUAL TEACHERS AND** eligible **SECONDARY TEACHERS** assigned to the high-need content areas of Special Education, English Language Development, English Language Arts, Math and Science in completing the ESOL/Bilingual Endorsement Program at SOU. Ten teachers will be selected per year from schools throughout Jackson, Josephine, and Klamath Counties. The grant covers ESOL/Bilingual course fees, including a book stipend. Applicants who participate in this program will become well versed in meeting the academic needs of our region's migrant and ELL students.

Please complete and place "Part C-Professional Reference Form" **in a sealed envelope** and return it to the applicant to be included with his/her application packet.

If you have any questions, please contact Shantrín Lininger at (541) 552.6919 or [liningerS@sou.edu](mailto:liningerS@sou.edu)

**Applications should be submitted by May 19, 2008.**

**PART C – THE PROFESSIONAL REFERENCE FORM**

**SOUTHERN OREGON TEACHERS FOR ENGLISH LANGUAGE DEVELOPMENT  
(SOTELD) GRANT PROGRAM**

Name of Applicant: \_\_\_\_\_

School District \_\_\_\_\_ Building \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Please rate the applicant in each of the following categories by comparing this individual with others of comparable training and experience.	Upper 10%	Upper 25% but Not Upper 10%	Upper 50% but Not Upper 25%	Lowest 50% but Not Lowest 10%	Lowest 10%	No basis For Judgment
Holds high expectations for and communicates those expectations to all students.						
Has a process for regular feedback and reinforcement of student progress.						
Uses appropriate, research-based, instructional materials.						
Aligns instruction with state standards.						
Uses varied teaching strategies.						
Uses appropriate assessment practices that show measurable progress.						
Coordinates with other programs/department/staff.						
Remains current on educational pedagogy.						
Develops and/or forms collaborative partnerships with parents, teachers and community organizations.						

**Comments on applicant's strengths/weaknesses:**

\_\_\_\_\_  
**Principal Signature**

*Thank you for assisting us in evaluating this applicant.*

**PART D – PROFESSIONAL REFERENCE**

**Please add an education professional reference—direct supervisor preferred.**

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Name	Title	Phone	Email
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**PART D – ESSAY**

No more than 500 words.

**Explain your beliefs and understandings regarding teaching English Language Learners.  
Please include an explanation of your commitment to serving these students.**