

# TUCSON UNIFIED SCHOOL DISTRICT

## APPLICATION FOR TUSD "GROW OUR OWN" PROGRAM FOR MOVE TO SPECIAL EDUCATION

**2021-2022 School Year**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 SCHOOL: \_\_\_\_\_ CURRENT ASSIGNMENT: \_\_\_\_\_  
 E-MAIL: \_\_\_\_\_

The following must accompany application for packet to be complete:

- A letter of recommendation from your principal addressing your potential as a Special Education Teacher
- Copy of your Arizona Teacher Certificate (if applicable)

NOTE: UPON APPROVAL OF APPLICATION, AN AGREEMENT WILL BE SIGNED OUTLINING THE TERMS AND CONDITIONS OF THE PROGRAM

List at least five (5) Professional References

	Name of Reference	Phone # 1	Phone #2	E-mail Address
1				
2				
3				
4				
5				

**YOUR COMMITMENT: Continue to teach for TUSD in Special Education for two years after earning your Standard Arizona Special Education certificate.**

**NOTE: As part of the application process, the Assistant Directors of Special Education will be conducting unannounced, drop-in observations.**

\_\_\_\_\_  
 Signature of Applicant                      Date                      Signature of Principal                      Date

**APPLICATION DEADLINE: 4:45 PM on January 31, 2021**

**RETURN COMPLETED APPLICATION PACKET TO: HUMAN RESOURCES - ATTN: Andrew Campbell**

Approved	Not Approved	COMMENTS:	<b>OFFICE USE ONLY</b>
Signature of Authorized Official		Date	