

		Project Quality Counts	2009
<b>For HRS Use Only</b>			
<b>Status</b>	<b>Status Date</b>	<b>Initials</b>	
New Survey			
Prospect			
BLOCKED			
TEMP HOLD			
HOLD			
COMPL/RELEASE			

## Quality Counts Survey

Thank you for your interest in teaching for the *Polk County School District*. We are requesting a few minutes of your time to complete the following survey. Your responses will assist us in matching you to vacancies in our district.

**IMPORTANT NOTE PLEASE READ:** In order for your application to be ranked, you must either hold a valid Florida Certificate for full-time teaching *or* a valid Florida Statement of Eligibility (SOE) which deems you eligible to hold a Florida Certificate for full-time teaching. Please visit [www.fldoe.org](http://www.fldoe.org) for information regarding how to apply for Certification in the State of Florida.

<b>Applicant Name:</b>				<b>PCSB ID:</b>
<b>Email address:</b>			<b>Date:</b>	
<b>Have you ever been or are you presently employed by PCSB?</b>	_____ <b>Yes</b> _____ <b>No</b> If yes, what is your SAP# _____		<b>Social Security #:</b>	
<b>How did you hear about PCSB?</b>	(Please be as specific as possible e.g., Job/Career Fair, friend, ad, University Career Ctr)			
<b>Degrees Awarded</b>	<b>College</b>	<b>Month/Year</b>	<b>Major</b>	
Bachelors				
Master's				
Specialist				
Doctorate				
<b>Certification Assessment Questions</b>				
<b>What area(s) would you like to teach?</b>	<b>Subject</b>			<b>Grade</b>
<b>Do you hold a valid Teaching Certificate?</b>	_____ <b>Yes</b> _____ <b>No</b> If yes, please fill in the information below.			
	<b>State</b>	<b>Cert Type</b>	<b>Validity Period</b>	<b>Subject(s) Covered</b>
<b>Have any sanctions been placed on this Certificate?</b>	_____ <b>Yes</b> _____ <b>No</b> If yes, please explain.			
<b>Florida Statement of Status of Eligibility</b>	<b>Processing date:</b>	<b>Area(s) deemed eligible?</b>		<b>Type of certificate deemed eligible?</b>
		1) _____		
		2) _____		
		3) _____		Temporary _____
				Professional _____

# Quality Counts Survey, *continued*

Certification Assessment Questions, continued page 2														
<b>Did you satisfactorily complete student teaching in a K-12 setting as a requirement for your degree?</b>	<p style="text-align: center;">_____ Yes _____ No</p> <p>If yes, please indicate School, State, Grade Level, Year and Semester</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr style="background-color: #cccccc;"> <th style="width: 30%;">School</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Level</th> <th style="width: 10%;">Yr</th> <th style="width: 30%;">Semester</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				School	State	Level	Yr	Semester					
School	State	Level	Yr	Semester										
<b>Examinations passed required for state teacher certification</b>	<p><b>Subject Area: (Name Subject)</b></p> <p><b>Testing Agency:</b></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 70%;"><b>Exam Passed :</b></td> <td><b>Month/Year:</b></td> </tr> <tr> <td><b>Competency:</b></td> <td></td> </tr> <tr> <td><b>Testing Agency:</b></td> <td><b>Month/Year:</b></td> </tr> <tr> <td><b>Professional Knowledge:</b></td> <td></td> </tr> <tr> <td><b>Testing Agency:</b></td> <td><b>Month/Year:</b></td> </tr> </table>				<b>Exam Passed :</b>	<b>Month/Year:</b>	<b>Competency:</b>		<b>Testing Agency:</b>	<b>Month/Year:</b>	<b>Professional Knowledge:</b>		<b>Testing Agency:</b>	<b>Month/Year:</b>
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<b>Have you been deemed Highly Qualified by either a State Department of Education <u>or</u> a school district to teach in a Core Content Subject Area based upon either a HOUSSE Plan <u>or</u> passing an appropriate Subject Area Examination (SAE)?</b>	<p style="text-align: center;">_____ Yes _____ No</p> <p>If yes, please list the agency, core content subject and method (HOUSSE or SAE)                      Verification must be signed <u>and</u> faxed to  <b><u>863-534-0737 Attn: MaryLou Young</u></b></p> <p>Click on the link to access the <b>HOUSSE</b> and <b>SAE</b> forms <a href="http://www.polk-fl.net/staff/employeeinfo/hrs/certificationnclb.htm">http://www.polk-fl.net/staff/employeeinfo/hrs/certificationnclb.htm</a></p>													
<b>Are you enrolled in an Alternative Certification Program?</b>	<p style="text-align: center;">_____ Yes _____ No</p> <p>If yes, indicate program type _____ Completion Date _____</p>													
<b>Do you have previous full-time teaching experience?</b>	<p style="text-align: center;">_____ Yes _____ No</p> <p>If yes, please indicate the number of years. _____</p>													
<p><b>By signing below, I am confirming that I have answered the questions in this Survey <u>honestly</u> and to the best of my ability.</b></p>														
_____ <b>Applicant Signature</b>			_____ <b>Date</b>											

- *The School Board of Polk County, Florida prohibits any and all forms of discrimination and harassment based on race, color, sex, religion, national origin, marital status, age, homelessness, or disability or other basis prohibited by law in any of its programs, activities, or employment.*
- *If you require any type of accommodation to complete the employment process due to a disability, please call the Human Resource Services Division at (863)-534-0781.*
- *If you are deaf or hard of hearing, please contact the Polk County School District by calling Florida Relay Service at 1-800-955-8771.*

