



BCAC

S.T.E.P Application

(Submit by April 16, 2010)

Name _____

Home Address _____

Home Phone _____ E-mail _____

School _____ District _____

School Address _____

School Phone _____ Fax _____

Current Teaching Assignment (Grade level(s) & Courses taught):

Expectations: Explain what you hope to gain from this experience.

Transfer of Experience: Based on your current knowledge of the externship program, please explain how you plan to impact students in your classes and school.

Preferred STEP dates or business placements:(see web page)

Special Interests or Considerations in making a placement:

Why you? What skills and talents make you a prime candidate for this opportunity?

If selected for this program, I _____ (applicant's name) agree to comply with all rules and guidelines provided by the S.T.E.P. committee. I agree to use the information and experience from this program, to the best of my ability within my classroom and school district.

Applicant's Signature

Date

I support this application for participation in S.T.E.P. and will provide continued encouragement if this person is selected to participate and will **forward a copy of this application to the superintendent of your district.**

School Principal's Signature

Date

Submit to **Nelson McCray** at the Licking County ESC, 675 Price Rd., Newark, OH 43055 (Fax 740-349-6107) nmccray@laca.org
No later than April 16, 2010.