



PERSONAL INVENTORY

THIS INFORMATION WILL BE SENT TO PROSPECTIVE SCHOOLS/PRINCIPALS AND COLLABORATIVE TEACHERS. PLEASE COMPLETE AS IF IT WERE A JOB APPLICATION.

Last Name:		First Name:	
Address:			
City:		State:	Zip:
Phone:		Email:	
College Supervisor:		CS Phone:	
List the names and phone numbers of three people who can be contacted in case of an emergency:			
Name:		Address:	
Phone:		Relationship:	
Name:		Address:	
Phone:		Relationship:	
Name:		Address:	
Phone:		Relationship:	
What particularly interesting life experiences have you had which you feel enrich your teaching			
List any experiences you have had with children and youth.			
Age Group	Cultural/Ethnic Background	Groups containing the disabled	

ACADEMIC PREPARATION/EXPERIENCES

Colleges Attended	Dates
In what field will you be certified?	
Subjects you enjoyed most in college?	
Extra-curricular activities	
Honors received in high school and college:	
Professional education association memberships:	