



## THE INTENSIVE TEACHER INSTITUTE IN BILINGUAL EDUCATION AND ESL

-AND-

## THE INTENSIVE TEACHER INSTITUTE IN BILINGUAL SPECIAL EDUCATION 2007-2008



### GENERAL DESCRIPTION AND ELIGIBILITY REQUIREMENTS

The **Intensive Teacher Institute (ITI)** was created to address the shortage of certified bilingual and English as a Second Language (ESL) educators in New York State. The ITI collaborates with school districts, preschools and Institutions of Higher Education (IHEs) approved by the New York State Education Department (NYSED) to assist participants in meeting their bilingual education and ESL certification requirements in general and special education.

#### PROGRAM DESCRIPTION:

- ❖ Tuition assistance is provided for up to \$300 per credit for the bilingual education extension or ESL coursework in general or special education as approved by NYSED for the ITI program.
  - √ Fifteen (15) credits are provided for bilingual or ESL teachers in general education
  - √ Fifteen (15) credits are provided for bilingual or ESL teachers in special education and bilingual pupil personnel professionals
  - √ Candidates must choose one of the NYSED approved ITI collaborating IHEs

#### ELIGIBILITY REQUIREMENTS: APPLICANTS MUST MEET ONE OF THE FOLLOWING TWO CRITERIA:

1. Must be working full time (100%) as one of the following:
  - √ Bilingual general education teacher
  - √ Bilingual special education teacher
  - √ Bilingual teacher of students with speech and language disabilities
  - √ Bilingual pupil personnel professional (guidance counselor, social worker, or psychologist)
  - √ English as a second language teacher in general education
  - √ English as a second language teacher in special education
- OR-
2. Must be appointed in an ESL or Bilingual setting as a result of participating in and completing the ITI program. A letter of support from your superintendent is required along with your application.

#### ADDITIONAL REQUIREMENTS:

- ❖ Current OR future assignment must reflect the certification you wish to pursue: TESOL Certification or the Bilingual Education Extension
- ❖ Must be working in either a NYSED approved bilingual special education preschool or in the K-12 grade continuum in a New York State school district.
- ❖ Must have and provide evidence of a current, valid NYS certification.
- ❖ Must fill out the ITI application in its entirety and provide required documentation.
- ❖ Must agree to serve in an ESL or Bilingual setting for 2 years in the NYC region, nominating district or preschool upon completion of the ITI program.
- ❖ Cannot be a recipient of NYCDOE scholarships or funding incentives for shortage areas.

#### IF YOUR APPLICATION IS APPROVED YOU ARE REQUIRED\* TO:

- ❖ Meet with the program coordinator of the selected IHE to determine appropriate coursework.
- ❖ Register for approved ITI courses.
- ❖ Maintain consistent enrollment in the program each semester until all coursework is completed.
- ❖ Take and pass the appropriate certification examination (i.e., BEA or CST)
- ❖ Maintain consistent communication with ITI staff regarding your status via surveys/questionnaires.
- ❖ Inform ITI staff of any changes in your personal information and/or status immediately.
- ❖ Submit a completed certification application to the NYSED TEACH on-line systems and ensure that NYSED receives passing scores on certification examinations along with all statutory workshops and fingerprint materials.

**\*Please note that not fulfilling the program requirements will result in your being dropped from the program and you may be responsible for repayment of any tuition paid. ITI is not responsible for incomplete or failing grades.**

**Intensive Teacher Institute  
2007-2008  
Application**

Office Use Only:	
Reviewed by:	_____
Date:	_____
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
Program:	
<input type="checkbox"/> ITI-BE	<input type="checkbox"/> ITI-BSE
Initial Semester:	_____
Date Letter Sent:	_____
Date Data Entered:	_____

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

SS#: \_\_\_\_\_ DOB: \_\_\_\_\_  Male  Female

Current Assignment: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

The following checklist will assist you in ensuring that you have enclosed all of the required documents with your ITI application. Please check (✓) every item and submit it with all required forms. Please be sure to keep a copy of the signed and completed application for your files.

1.  Application signed by the applicant and the School District Administrator/Preschool Director as indicated in *Sections E: ITI Program Agreement* and *F: Nomination Signature Requirement*
2.  Copy of current, valid NYS Certification as a teacher or pupil personnel professional as indicated in *Section C: Certification Status*
3.  University/College Selection as indicated in *Section D:*  
University/College Selection: \_\_\_\_\_
4.  If employed by the NYCDOE, please indicate the following:  
Region# \_\_\_\_\_ District# \_\_\_\_\_ School \_\_\_\_\_
5.  Letter of support from either the superintendent, building principal, supervising administrator, or preschool director

Office Use Only: NYCDOE Division of Human Resources Approval:		
Recommendation:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Date _____
If no, reason: _____		
Name of Official _____		Position _____

*Please return this application to:*  
**Eastern Suffolk BOCES  
INTENSIVE TEACHER INSTITUTE  
Brookhaven Technical Center  
350 Martha Avenue  
Bellport, NY 11713**

**APPLICATIONS THAT ARE INCOMPLETE WILL NOT BE CONSIDERED**

**NEW YORK STATE EDUCATION DEPARTMENT  
THE UNIVERSITY OF THE STATE OF NEW YORK  
Intensive Teacher Institute (ITI)  
2007-2008 Application  
Please PRINT clearly and COMPLETE all sections.**

**A. Applicant Information:**

Name: \_\_\_\_\_ SS#: \_\_\_\_\_  
First Last  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
City State Zip  
 Telephones: Home ( ) \_\_\_\_\_ Cellular ( ) \_\_\_\_\_  
 Fax: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**B. Current OR Future Assignment** (please indicate only one assignment)

**\*PLEASE SEE ELIBILITY REQUIREMENTS ON PAGE 1**

Bilingual Education: \_\_\_\_\_  English as a Second Language (ESL)  
 Please indicate language of instruction (i.e., Spanish, Haitian Creole, others)

Work Site: (Please check one)  School District \_\_\_\_\_  Preschool

School/Preschool Name: \_\_\_\_\_

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

\_\_\_\_\_ City State Zip  
 Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

**General Education:** Please (√) only one assignment:

**K-12 Classroom Teacher:**

- Bilingual Elementary Classroom Teacher (K-6)
- Bilingual Secondary Classroom Teacher (7-12)
- ESL Teacher (K-6) – Grade Level(s): \_\_\_\_\_
- ESL Teacher (7-12) – Content Area: \_\_\_\_\_

**Special Education:** Please (√) only one assignment:

**Bilingual Preschool Teacher:**

- Integrated Class Teacher
- Special Ed. Classroom Teacher
- Special Ed. Itinerant Teacher
- Speech/Language Disabilities Teacher

**Bilingual K-12 Classroom Teacher:**

- Integrated Classroom Teacher
- Resource Room Teacher
- Special Ed. Classroom Teacher
- Speech/Language Disabilities Teacher

**Bilingual Pupil Personnel Services:**

- School Counselor
- School Psychologist
- School Social Worker

**ESL:**

- ESL Preschool Teacher
- ESL K-12 Classroom Teacher

**Note:** ESL Certificate is **not** available to Pupil Personnel Service Professionals

**Other:** \_\_\_\_\_

**ITI Application, continuation**

**C. Certification Status: Please (√) only one certification and be sure to include a copy of certificate with this application:**

<input type="checkbox"/> Conditional Initial Certificate (specify)	<input type="checkbox"/> Bilingual	<input type="checkbox"/> ESL	<input type="checkbox"/> Special Education
<input type="checkbox"/> Initial Certificate	Area: _____		
<input type="checkbox"/> Internship Certificate (specify)	<input type="checkbox"/> Bilingual	<input type="checkbox"/> ESL	<input type="checkbox"/> Special Education
<input type="checkbox"/> Permanent Certificate (specify)	Area: _____		
<input type="checkbox"/> Professional Certificate (specify)	Area: _____		
<input type="checkbox"/> Provisional Certificate (specify)	Area: _____		
<input type="checkbox"/> Supplementary Teaching Certificate (specify)	<input type="checkbox"/> Bilingual	<input type="checkbox"/> ESL	<input type="checkbox"/> Special Education
<input type="checkbox"/> Transitional B Certificate (specify)	<input type="checkbox"/> Bilingual	<input type="checkbox"/> ESL	<input type="checkbox"/> Special Education
<input type="checkbox"/> Other (specify): _____			

**D. University/College Selection:**

I am currently enrolled in a university/college leading to (please check (√) one):  Bilingual or  ESL certification:  
 Yes       No

Semester enrolled: \_\_\_\_\_

**If yes,** complete name of university/college and location/campus:  
\_\_\_\_\_  
(Location/Campus)

**If no,** please enter the name of an ITI collaborating university/college: *(Please refer to attached list of IHEs)*  
\_\_\_\_\_

**E. ITI Program Agreement:**

I have read and understand the requirements for admission to the ITI Program for which I have been nominated. I agree to serve in the nominating school for a period of **two years** upon completion of this program. I am verifying that I am employed full-time in a bilingual or ESL capacity, and do not currently hold certification in TESOL or Bilingual Education. I understand that I will **repay** the tuition costs if I fail to complete the program or the **two year** service requirement.

Please check (√) the appropriate box:

ESL Personnel:  
I understand that certification in Teaching English to Speakers of Other Languages (TESOL) requires that I take and PASS the Content Specialty Test (CST) in TESOL prior to my completion of this tuition assistance program.

Bilingual Personnel:  
I understand that certification in bilingual education requires that I take and PASS the Bilingual Education Assessment (BEA) prior to my completion of this tuition assistance program.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's signature

**F. Nomination Signature Requirement:**

**To be completed by the district superintendent, building principal, supervising administrator or preschool director. Unsigned applications will not be considered.**

Name of Applicant being nominated:

\_\_\_\_\_

First Name

Last Name

I recommend the above applicant for admission to the ITI Program. Please check (✓) the applicant's current or future assignment below:

Full-Time Bilingual (please specify grade/language): \_\_\_\_\_

Full-Time ESL Teacher – Grade Level: \_\_\_\_\_ Content Area: \_\_\_\_\_

I agree that the candidate will serve in a bilingual or ESL capacity for a minimum of two years upon completion of this certification program.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Superintendent/Building  
Principal/Administrator/Preschool Director

\_\_\_\_\_

Region Number, if applicable

\_\_\_\_\_

Name of Superintendent/Building  
Principal/Administrator/Director

\_\_\_\_\_

Building Name

\_\_\_\_\_

Superintendents/Principal's/  
Administrator's/Director's Phone Number

\_\_\_\_\_

Fax Number

\_\_\_\_\_

E-mail Address

\_\_\_\_\_

Name of School District and District Number/Name of Preschool

\_\_\_\_\_

Street Address

\_\_\_\_\_

City, State, Zip

**For additional information on the ITI Programs, please call:**

**General Education Inquiries: 631-286-6551**

**Special Education Inquiries: 631-286-6748**