



MANTECA UNIFIED SCHOOL DISTRICT

Application for Peer Assistance and Review Consulting Unit Member Position

Applicant Name _____

School/Location (If YRE, indicate track assignment) _____

Home Address _____

Home Phone # _____ / _____
Work Phone# _____

Why do you want to be a consulting unit member?

Grade levels and programs you would like support (check all that apply)

Elementary

- 1st 2nd 3rd 4th 5th 6th

Secondary

7th/8th Subject Areas: _____

9th – 12th Subject Areas: _____

Programs

- SDC RSP Speech Psychologist APE ROP JROTC

Teaching Experience (List 10 years experience with most recent first)

POSITION	GRADE LEVEL OR SUBJECT	SCHOOL OR LOCATION	SUPERVISOR (IF NOT MUSD/ INCLUDE PHONE #)

Please see reverse to complete remainder of application

Specialized Training

TYPE OF TRAINING	DATE	SKILLS

References *(Reference by current administrator preferred but not required)*

NAME	POSITION	PROFESSIONAL RELATIONSHIP	TELEPHONE NUMBER

My signature signifies that I understand that I will be required to receive Peer Assistance and Review (PAR) training and I am willing to work outside my assigned teaching calendar/workday to receive training and to provide support related to the PAR program.

Signature _____

Date _____