

Cooperating/Mentor Teacher Professional Credential Record

Name Rebekah J. Browning School Florence Elementary
 School Phone 859-282-2610 School E-Mail joy.browning@boone.kyschools.us
 School Address 103 Center St. Florence Ky. 41042

	Street Address	City	State	Zip Code
Home Address	<u>47166 Buttonwood Drive</u>	<u>Independence, Ky.</u>		<u>41051</u>
	Street Address	City	State	Zip Code

Personal E-Mail _____

CURRENT TEACHING ASSIGNMENT: 2nd Grade teacher + Team Leader

Number of years teaching at current assignment 10 Total years of teaching experience 10

EDUCATION

Degree	Institution	Degree Completion Date
<u>BA</u>	<u>NKU</u>	<u>2002</u>
<u>Masters</u>	<u>NKU</u>	<u>2005</u>

TEACHING CERTIFICATION(S)

State	Type/Grade/Subject Area(s)	License Number
<u>KY</u>	<u>BA-Professional Certificate for teaching in Elem. school, Primary through Grade 5</u>	<u>407270743</u>
	<u>MA-Endorsement for Teaching Reading+ Writing- All grades</u>	

PREVIOUS TEACHING EXPERIENCE

School	Inclusive Years	Grade(s) Subject(s)
<u>φ</u>		

PROFESSIONAL AFFILIATIONS/AWARDS/CONTINUING EDUCATION EXPERIENCE

See Masters above



Cooperating/Mentor Teacher Professional Credential Record

Name Lindsay Bullock School Milton Elementary
 School Phone (502) 268-3322 School E-Mail lindsay.bullock@trimble.ky.schools.us
 School Address 9245 Hwy. 421 N Milton KY 40045
Street Address City State Zip Code
 Home Address 523 Miles Ridge Rd. Madison IN 47250
Street Address City State Zip Code
 Personal E-Mail sabullock33@frontier.com

CURRENT TEACHING ASSIGNMENT: Kindergarten

Number of years teaching at current assignment 2 Total years of teaching experience 7

EDUCATION

<u>Degree</u>	<u>Institution</u>	<u>Degree Completion Date</u>
<u>BA</u>	<u>Hanover College</u>	<u>May, 2000</u>
<u>MS</u>	<u>Indiana University</u>	<u>Dec. 2010</u>

TEACHING CERTIFICATION(S)

<u>State</u>	<u>Type/Grade/Subject Area(s)</u>	<u>License Number</u>
<u>KY</u>	<u>Professional / Primary - Grade 5</u>	<u>303-04-9381</u>

PREVIOUS TEACHING EXPERIENCE

<u>School</u>	<u>Inclusive Years</u>	<u>Grade(s) Subject(s)</u>
<u>Madison Junior High</u>	<u>2004-2005</u>	<u>6-8 Permanent Substitute</u>

PROFESSIONAL AFFILIATIONS/AWARDS/CONTINUING EDUCATION EXPERIENCE

Signature Lindsay Bullock Date August 1, 2012 Revised: 08/2008



Cooperating/Mentor Teacher Professional Credential Record

Name Julie Campbell School Nora Elementary
 School Phone 571-7168 School E-Mail jcampbell@msdwt.k12.in.us
 School Address 1000 E. 91st Indpls. IN 46240
Street Address City State Zip Code
 Home Address 1317 Cool Creek Dr. Carmel IN 46033
Street Address City State Zip Code
 Personal E-Mail chrisjuliecampbell@hotmail.com

CURRENT TEACHING ASSIGNMENT: 2nd grade
 Number of years teaching at current assignment 10 Total years of teaching experience 33

EDUCATION

Degree	Institution	Degree Completion Date
<u>BA</u>	<u>Purdue University</u>	<u>1979</u>
<u>MS</u>	<u>Butler University</u>	<u>1986</u>

TEACHING CERTIFICATION(S)

State	Type/Grade/Subject Area(s)	License Number
<u>IN</u>	<u>K-8 nondepartmentalized</u>	<u>321242 (original)</u>
		<u>403802 (renewal)</u>

PREVIOUS TEACHING EXPERIENCE

School	Inclusive Years	Grade(s) Subject(s)
<u>John Strange</u>	<u>3</u>	<u>3, 5 all</u>
<u>Grandview</u>	<u>1 1</u>	<u>1/2 multiage all</u>
<u>Harcourt</u>	<u>1</u>	<u>Kdg all</u>
<u>Nora</u>	<u>28</u>	<u>5, 4, 3, 2 all</u>

PROFESSIONAL AFFILIATIONS/AWARDS/CONTINUING EDUCATION EXPERIENCE

Signature Julie Campbell Date _____ Revised: 08/2008

*all in
MSD
Washington
Township*



Cooperating/Mentor Teacher Professional Credential Record

Name Amber Cook School New Washington Elementary
 School Phone (317) 293-3331 School E-Mail acook@acs.k12.IN.US
 School Address 224 Poplar Street, New Washington, IN, 47162

Street Address City State Zip Code
 Home Address 26403 Gill Road, Nabb IN 47147

Street Address City State Zip Code
 Personal E-Mail nabbcook@gmail.com

CURRENT TEACHING ASSIGNMENT: 5th grade

Number of years teaching at current assignment 4 Total years of teaching experience 7

EDUCATION

Degree	Institution	Degree Completion Date
<u>BSED</u>	<u>Indiana University Southeast</u>	<u>12/2004</u>
<u>MSED</u>	<u>Indiana University Southeast</u>	<u>8/2007</u>

TEACHING CERTIFICATION(S)

State	Type/Grade/Subject Area(s)	License Number
<u>IN</u>	<u>1-6, 7+8 non-dep. elem. ed.</u>	<u>1572227</u>
<u>IN</u>	<u>Lang. Arts + Math endorsements grades 1-9</u>	<u>1572227</u>

PREVIOUS TEACHING EXPERIENCE

School	Inclusive Years	Grade(s) Subject(s)	Reading Intervention
<u>Bridgepoint Ekm.</u>	<u>2005-2008</u>	<u>3rd (non-departmentalized)</u>	<u>(2nd and 3rd)</u>
<u>New Washington Ekm.</u>	<u>2008-2012</u>	<u>5th math</u>	<u>Reading Intervention</u>

PROFESSIONAL AFFILIATIONS/AWARDS/CONTINUING EDUCATION EXPERIENCE

Balanced Math Trainer 2009, Completing +30 and Educational Leadership Program at Indiana University Southeast, Building Leadership Team 2009

Signature Amber Cook Date 7-30-12 Revised: 08/2008 present



Cooperating/Mentor Teacher Professional Credential Record

Name Carrie Christman School Oak Hills High School
 School Phone 513 922 4900 School E-Mail Christman-C@oakhills.org
 School Address 3200 Ebenezer Rd Cincinnati, OH 45248
 Street Address City State Zip Code
 Home Address 3555 Handman Ave Cincinnati OH 45226
 Street Address City State Zip Code
 Personal E-Mail carriechristman@gmail.com

CURRENT TEACHING ASSIGNMENT: Oak Hills High School
 Number of years teaching at current assignment 10 Total years of teaching experience 10

EDUCATION

<u>Degree</u>	<u>Institution</u>	<u>Degree Completion Date</u>
<u>BS</u>	<u>Ohio University</u>	<u>2002</u>
<u>M.Ed</u>	<u>Marygrove College</u>	<u>2007</u>

TEACHING CERTIFICATION(S)

<u>State</u>	<u>Type/Grade/Subject Area(s)</u>	<u>License Number</u>
<u>OH</u>	<u>5 year professional license, Grades 7-12</u>	

PREVIOUS TEACHING EXPERIENCE

<u>School</u>	<u>Inclusive Years</u>	<u>Grade(s) Subject(s)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

PROFESSIONAL AFFILIATIONS/AWARDS/CONTINUING EDUCATION EXPERIENCE

Signature Carrie Christman Date 9/15 Revised: 08/2008



Cooperating/Mentor Teacher Professional Credential Record

Name Jodi B. Davis School Winchester Village
 School Phone 789-2700 School E-Mail jdavis@msdpt.k12.in.us
 School Address 1900 East Stop 12 Rd. Indianapolis IN 46227
Street Address City State Zip Code
 Home Address 1155 Rockingham Cir Fishers IN 46037
Street Address City State Zip Code
 Personal E-Mail jodibrooke8@yahoo.com

CURRENT TEACHING ASSIGNMENT: 1st Grade

Number of years teaching at current assignment 5 Total years of teaching experience 9.5

EDUCATION

<u>Degree</u>	<u>Institution</u>	<u>Degree Completion Date</u>
<u>BA</u>	<u>University of Southern Indiana</u>	<u>2001</u>
<u>MA</u>	<u>Walden University</u>	<u>2006</u>
_____	_____	_____

TEACHING CERTIFICATION(S)

<u>State</u>	<u>Type/Grade/Subject Area(s)</u>	<u>License Number</u>
<u>IN</u>	<u>1-6 7/8 Non. Dept</u> <u>Kindergarten</u>	<u>1532823</u>
_____	_____	_____

PREVIOUS TEACHING EXPERIENCE

<u>School</u>	<u>Inclusive Years</u>	<u>Grade(s) Subject(s)</u>
<u>Robertville Ele.</u>	<u>1</u>	<u>1st</u>
_____	_____	_____
_____	_____	_____

PROFESSIONAL AFFILIATIONS/AWARDS/CONTINUING EDUCATION EXPERIENCE

Signature Jodi B. Davis Date 7/30/12 Revised: 08/2008

HANOVER COLLEGE

Department of Education

Cooperating/Mentor Teacher Professional Credential Record

Name MIKE DOWELL Social Security No. 310-94-7209
 School Madison JR High Phone (812) 265-6756 E-Mail mdowell@madison.k12.in.us
 School Address 701 8th Street Madison, IN 47250
 Home Address 2813 Springwood Dr Madison IN 47250
 Current Teaching Assignment Health & Physical Education JR High (7th & 8th)
 Number of years teaching at current assignment 10 Total years of teaching experience 14

EDUCATION PREPARATION

Degree	Institution	Degree Completion Date
<u>EDD.</u>	<u>Indiana Univ Bloomington, IN</u>	<u>in progress.</u>
<u>MS</u>	<u>Indiana Univ Bloomington, IN</u>	<u>5/97</u>
<u>BS</u>	<u>Indiana Univ Bloomington, IN</u>	<u>5/90</u>

TEACHING CERTIFICATION(S)

State	Type/Grade/Subject Area(s)	License Number
<u>IN</u>	<u>K-12 Physical Education</u>	<u>977229</u>
<u>IN</u>	<u>5-12 Health Education</u>	
<u>IN</u>	<u>5-12 United States History</u>	
<u>IN</u>	<u>ALL School Building Administrator</u>	

PREVIOUS TEACHING EXPERIENCE

School	Inclusive Years	Grade(s) Subject(s)
<u>NEW PAGESIVE MS.</u>	<u>2000-2002</u>	<u>PE HEALTH APC, ANATOMY</u>
<u>SEGER H.S.</u>	<u>1998-2000</u>	<u>PE HEALTH Aquatics.</u>
<u>Perry Meridian H.S.</u>	<u>1997-1998</u>	<u>PE Health Aquatics</u>

PROFESSIONAL AFFILIATIONS/AWARDS/CONTINUING EDUCATION EXPERIENCE

Crispin Apple Award - Outstanding Educator 0011
NIAAA and IIAA - Athletic Director Member
AFC A & IFCA - Football Coaches State Officer

Signature Mike Dowell Date 12/14/12

(Thank you! A reply envelope is enclosed for your use).



Cooperating/Mentor Teacher Professional Credential Record

Name Paul Feichtner School J.F. Dulles Elementary
 School Phone 513-574-3443 School E-Mail feichtner-p@ohlsd.org
 School Address 6481 Bridgetown Rd CINTI OH 45248
Street Address City State Zip Code
 Home Address 1987 Alphonse Ln CINTI OH 45238
Street Address City State Zip Code
 Personal E-Mail see school

CURRENT TEACHING ASSIGNMENT: first grade
 Number of years teaching at current assignment 6 Total years of teaching experience 9

EDUCATION

<u>Degree</u>	<u>Institution</u>	<u>Degree Completion Date</u>
<u>B.S. Ed</u>	<u>Miami University</u>	<u>5/03</u>
<u>M.Ed</u>	<u>University of Cincinnati</u>	<u>2007</u>

TEACHING CERTIFICATION(S)

<u>State</u>	<u>Type/Grade/Subject Area(s)</u>	<u>License Number</u>
<u>OH</u>	<u>Early Childhood/P-3/Reading K-12</u>	<u>OH1403686</u>

PREVIOUS TEACHING EXPERIENCE

<u>School</u>	<u>Inclusive Years</u>	<u>Grade(s) Subject(s)</u>
<u>all at Dulles</u>		

PROFESSIONAL AFFILIATIONS/AWARDS/CONTINUING EDUCATION EXPERIENCE

PTA Teacher of the Year (07) Friend of Children PTA Award (08)
C3 Honorable Mention - Outstanding Elem. School Teacher in
Greater Cincinnati (09) - Member of IRA (International Reading Assoc.)

Signature Paul J. Feichtner Date 5/28/12 Revised: 08/2008



Cooperating/Mentor Teacher Professional Credential Record

Name Crystal Helt School Pike High School & Freshman Center
 School Phone (317)347-8622 School E-Mail cahelt@Pike.k12.in.us
 School Address 6801 Zionsville Rd. Indpls In 46268
Street Address City State Zip Code
 Home Address 3322 Carica Dr. Indpls In 46203
Street Address City State Zip Code
 Personal E-Mail caaltom@aol.com

CURRENT TEACHING ASSIGNMENT: Art Teacher (Art History, ^{AP} IB Visual Arts, Intro. 2D
 Number of years teaching at current assignment 5 Total years of teaching experience 10 & Adv. 2D Art

EDUCATION

<u>Degree</u>	<u>Institution</u>	<u>Degree Completion Date</u>
<u>BS</u>	<u>Ball State University</u>	<u>May 2000</u>
_____	_____	_____
_____	_____	_____

TEACHING CERTIFICATION(S)

<u>State</u>	<u>Type/Grade/Subject Area(s)</u>	<u>License Number</u>
<u>In</u>	<u>Visual Arts All Grade</u>	<u>1251642</u>
_____	_____	_____

PREVIOUS TEACHING EXPERIENCE

<u>School</u>	<u>Inclusive Years</u>	<u>Grade(s)</u>	<u>Subject(s)</u>
<u>Bishop Chatard HS</u>	<u>2000-2005</u>	<u>9-12</u>	<u>Art History, Intro 2D Art, Sculpture</u> <u>Computer Graphics</u>
_____	_____	_____	_____
_____	_____	_____	_____

PROFESSIONAL AFFILIATIONS/AWARDS/CONTINUING EDUCATION EXPERIENCE

Signature Crystal Helt Date 7/4/12 Revised: 08/2008

HANOVER COLLEGE

Department of Education

Cooperating/Mentor Teacher Professional Credential Record

Name Leah Boldery-Huber Social Security No. 315-70-0075
 School Madison Cons. High Phone 265-6672 E-Mail lhuber@madison.k12.in.us
 School Address _____

Home Address _____
 Street Address City State Zip Code
808 E. Second St., Madison, IN 47250

Current Teaching Assignment _____
 Street Address City State Zip Code
English 10

Number of years teaching at current assignment 2 Total years of teaching experience 16 (17 as of 5-20)

EDUCATION PREPARATION

Degree	Institution	Degree Completion Date
<u>B.A.</u>	<u>Indiana University, New Albany, IN</u>	<u>1981</u>
<u>Teacher Certification</u>	<u>Hanover College</u>	<u>1987</u>

TEACHING CERTIFICATION(S)

State	Type/Grade/Subject Area(s)	License Number
<u>Indiana</u>	<u>English 9-12</u>	<u>919185</u>
_____	_____	_____
_____	_____	_____

PREVIOUS TEACHING EXPERIENCE

School	Inclusive Years	Grade(s)	Subject(s)
<u>Switzerland County</u>	<u>1987-1994, 1995-2002</u>	<u>7-12</u>	<u>English</u>
<u>Southwestern</u>	<u>1994-1995</u>	<u>9, 11</u>	<u>English</u>
_____	_____	_____	_____

PROFESSIONAL AFFILIATIONS/AWARDS/CONTINUING EDUCATION EXPERIENCE

Brain Research courses, Writing Courses, Literature Courses

Signature Leah Boldery-Huber Date 5-18-05

(Thank you! A reply envelope is enclosed for your use).



Cooperating/Mentor Teacher Professional Credential Record

Name Tamara Josephsen School Pope John XXIII Elementary
 School Phone 273-3957 School E-Mail pjosephsen@popeace.org
 School Address 221 W. State St. Madison IN 47250
 Home Address 302 Hillcrest Dr. Madison IN 47250
 Personal E-Mail rtjosephsen@frontier.com

CURRENT TEACHING ASSIGNMENT: 3rd grade
 Number of years teaching at current assignment 12 Total years of teaching experience 19

EDUCATION

<u>Degree</u>	<u>Institution</u>	<u>Degree Completion Date</u>
<u>B.S.</u>	<u>Indiana University</u>	<u>Dec. 1990</u>
<u>M.S.</u>	<u>Indiana University</u>	<u>July 1994</u>

TEACHING CERTIFICATION(S)

<u>State</u>	<u>Type/Grade/Subject Area(s)</u>	<u>License Number</u>
<u>IN</u>	<u>Professional 1-6 7/8 Non-Dept</u>	<u>751373</u>

PREVIOUS TEACHING EXPERIENCE

<u>School</u>	<u>Inclusive Years</u>	<u>Grade(s) Subject(s)</u>
<u>Trimble Co. Middle School</u>	<u>93-95</u>	<u>4, 7, 8 Special Education</u>
<u>Southwestern Elem.</u>	<u>1994-200</u>	<u>1, 3, 4, 5</u>
<u>Pope John Elem.</u>	<u>2007-present</u>	<u>3 & 4</u>

PROFESSIONAL AFFILIATIONS/AWARDS/CONTINUING EDUCATION EXPERIENCE

Trained in CLASS teaching
AM/AR coordinator for Pope John

Signature Tammy Josephsen Date 7-17-12 Revised: 08/2008

HANOVER COLLEGE
Department of Education

Cooperating/Mentor Teacher Professional Credential Record

Name Tammy Josephsen Social Security No. 315-66-5482
 School Southwestern Elem. Phone 866-6200 E-Mail tjosephsen@swjcs.k12.in.
 School Address 273 S. Main Cross Hanover IN 47243

Home Address 302 Hillcrest Dr. Madison IN 47250

Current Teaching Assignment 3rd Grade Teacher

Number of years teaching at current assignment 6 Total years of teaching experience 14

EDUCATION PREPARATION

<u>Degree</u>	<u>Institution</u>	<u>Degree Completion Date</u>
<u>B.S.</u>	<u>Indiana University</u>	<u>Dec. 1990</u>
<u>M.S.</u>	<u>Indiana University</u>	<u>May 1994</u>

TEACHING CERTIFICATION(S)

<u>State</u>	<u>Type/Grade/Subject Area(s)</u>	<u>License Number</u>
<u>IN</u>	<u>General Elem./Master/Professional</u>	<u>751373</u>
	<u>1-6 7/8 Non-Dept.</u>	

PREVIOUS TEACHING EXPERIENCE

<u>School</u>	<u>Inclusive Years</u>	<u>Grade(s) Subject(s)</u>
<u>SP Trimble Co. Middle School</u>	<u>2</u>	<u>Special Education</u>
<u>Southwestern Elem.</u>	<u>1</u>	<u>Teacher</u>
<u>Southwestern Elem.</u>	<u>5</u>	<u>Teacher</u>

PROFESSIONAL AFFILIATIONS/AWARDS/CONTINUING EDUCATION EXPERIENCE

Signature Tammy Josephsen Date 10-1-06

(Thank you! A reply envelope is enclosed for your use).



Cooperating/Mentor Teacher Professional Credential Record

Name Tanika Kinartail School Bridgeport Elementary
 School Phone 988-6200 School E-Mail tanika.kinartail@wayne.k12.in.us
 School Address 9035 Morris St. Indpls. In 46231
Street Address City State Zip Code
 Home Address 6026 Pillory Dr. Indpls In 46254
Street Address City State Zip Code
 Personal E-Mail trstarks25@gmail.com

CURRENT TEACHING ASSIGNMENT: 3rd grade general ed.
 Number of years teaching at current assignment 3 Total years of teaching experience 6

EDUCATION

Degree	Institution	Degree Completion Date
<u>BA</u>	<u>Indiana University - Bloomington</u>	<u>05/07</u>
<u>MA</u>	<u>Indiana University - Bloomington</u>	<u>06/11</u>

TEACHING CERTIFICATION(S)

State	Type/Grade/Subject Area(s)	License Number
<u>In</u>	<u>K-6</u>	<u>1047198</u>

PREVIOUS TEACHING EXPERIENCE

School	Inclusive Years	Grade(s) Subject(s)
<u>Garden City</u>		<u>3/5</u>

PROFESSIONAL AFFILIATIONS/AWARDS/CONTINUING EDUCATION EXPERIENCE

Masters Degree in Educational Leadership
Licence in Administration (school)

Signature Tanika Kinartail Date 1/30/13 Revised: 08/2008



Cooperating/Mentor Teacher Professional Credential Record

Name Michelle McCutchen School New Wash
 School Phone 219-3368 School E-Mail mricks@acs.k12.in.us
 School Address Hwy 62 226N New Wash IN 47162
 Home Address 2114 McIntyre Rd New Wash 47162
 Street Address City State Zip Code
 Personal E-Mail N/A

CURRENT TEACHING ASSIGNMENT: Math

Number of years teaching at current assignment 11 Total years of teaching experience 20

EDUCATION

Degree	Institution	Degree Completion Date
<u>BS</u>	<u>Murray State</u>	<u>1991</u>
<u>master</u>	<u>Spring Arbor College</u>	<u>1997</u>
<u>+30</u>	<u>Indiana Wesleyan</u>	<u>2003</u>

TEACHING CERTIFICATION(S)

State	Type/Grade/Subject Area(s)	License Number
<u>IN</u>	<u>math (6-12)</u>	
	<u>Business (6-12)</u>	

PREVIOUS TEACHING EXPERIENCE

School	Inclusive Years	Grade(s)	Subject(s)
<u>North Adams, MI</u>	<u>7 yrs</u>	<u>HS</u>	<u>math/BUSINESS</u>
<u>Floyd Co</u>	<u>5 yrs</u>	<u>HS</u>	<u>BUSINESS</u>
<u>Greater Clark</u>	<u>13 yrs</u>	<u>HS</u>	<u>Math</u>

PROFESSIONAL AFFILIATIONS/AWARDS/CONTINUING EDUCATION EXPERIENCE

NGTM

Signature mmcutchen Date 11/17/12 Revised: 08/2008



Cooperating/Mentor Teacher Professional Credential Record

Name Tim McDonald School New Washington High School
 School Phone 812 293-3368 School E-Mail T.McDonald@gas.k12.in.us
 School Address _____

	Street Address	City	State	Zip Code
Home Address	<u>113 Bluff Ridge Rd</u>	<u>Jeffersonville, IN</u>	<u>IN</u>	<u>47130</u>
	Street Address	City	State	Zip Code

Personal E-Mail _____

CURRENT TEACHING ASSIGNMENT: Government (12) AP Gov. (12) U.S. History (11) World Civ (10)

Number of years teaching at current assignment 8 Total years of teaching experience 15

EDUCATION

Degree	Institution	Degree Completion Date
<u>BS</u>	<u>Indiana University</u>	<u>12/1980</u>
<u>MS</u>	<u>Indiana University SE.</u>	<u>5/2000</u>
<u>MA.</u>	<u>Indiana Wesleyan University</u>	<u>12/2009</u>
<u>E.O.D.</u>	<u>Oakland City University</u>	<u>5/2011</u>

TEACHING CERTIFICATION(S)

State	Type/Grade/Subject Area(s)	License Number
<u>IN</u>	<u>Teach. Teaching</u>	<u>734379</u>
<u>IN</u>	<u>Secondary Administration</u>	<u>922534</u>

PREVIOUS TEACHING EXPERIENCE

School	Inclusive Years	Grade(s) Subject(s)
<u>NWHS</u>	<u>2003-present</u>	<u>10-11-12 Economics, Gov't, AP Gov, World Civ</u>
<u>AIS - Harry Kary</u>	<u>2002-03</u>	<u>Vice Principal</u>
<u>Commonwealth Catholic</u>	<u>2001-02</u>	<u>Principal</u>
<u>Parkview Middle School</u>	<u>2000-2001</u>	<u>Geography Gr. 7</u>

PROFESSIONAL AFFILIATIONS/AWARDS/CONTINUING EDUCATION EXPERIENCE

NEA

Phi. Delta Kappa



Education
Department

Cooperating/Mentor Teacher Professional Credential Record

Name Nicole McGeary School JR Masterman
School Phone 215 299 4661 School E-Mail nmcgeary@phila.sch.org
School Address 11699 Spring Garden St. Phila PA 19130
Street Address City State Zip Code
Home Address 693 Valley Rd. Blue Bell PA 19422
Street Address City State Zip Code
Personal E-Mail nicolemcgeary@verizon.net

CURRENT TEACHING ASSIGNMENT: 6th Grade

Number of years teaching at current assignment 13 Total years of teaching experience 18 starting 19th

EDUCATION

Degree	Institution	Degree Completion Date
<u>BS ED</u>	<u>West Chester University</u>	<u>5/94</u>
<u>MSED ED Psych</u>	<u>Temple University</u>	<u>98</u>

TEACHING CERTIFICATION(S)

State	Type/Grade/Subject Area(s)	License Number
<u>PA</u>	<u>Elementary Education</u>	<u>60 97 029730</u>

PREVIOUS TEACHING EXPERIENCE

School	Inclusive Years	Grade(s)	Subject(s)
<u>JR Masterman</u>	<u>13</u>	<u>6</u>	<u>EI.</u>
<u>Ferguson</u>	<u>5 yrs 3/4</u>	<u>3/4</u>	<u>EI.</u>
<u>Elkin</u>	<u>1</u>	<u>2</u>	<u>EI.</u>

PROFESSIONAL AFFILIATIONS/AWARDS/CONTINUING EDUCATION EXPERIENCE

Master's + 30 credits

Signature Nicole McGeary Date 8/1/12 Revised: 08/2008



Cooperating/Mentor Teacher Professional Credential Record

Name Melissa Ommen School E.O. Muncie
 School Phone 273-8536 School E-Mail mommen@madison.k12.in.us
 School Address 800 Lanier Dr. Madison IN 47250
Street Address City State Zip Code
 Home Address 523 Quail Ridge Ct. Madison IN 47250
Street Address City State Zip Code
 Personal E-Mail melissaommen@gmail.com

CURRENT TEACHING ASSIGNMENT: First Grade

Number of years teaching at current assignment 15 Total years of teaching experience 17

EDUCATION

<u>Degree</u>	<u>Institution</u>	<u>Degree Completion Date</u>
<u>BA</u>	<u>Hanover College</u>	<u>May, 1993</u>
<u>MA</u>	<u>Indiana University SE</u>	<u>December, 1999</u>

TEACHING CERTIFICATION(S)

<u>State</u>	<u>Type/Grade/Subject Area(s)</u>	<u>License Number</u>
<u>IN</u>	<u>General Elementary</u> <u>Learning Disabled, Mildly Mentally Handicapped</u>	<u>1330550</u>

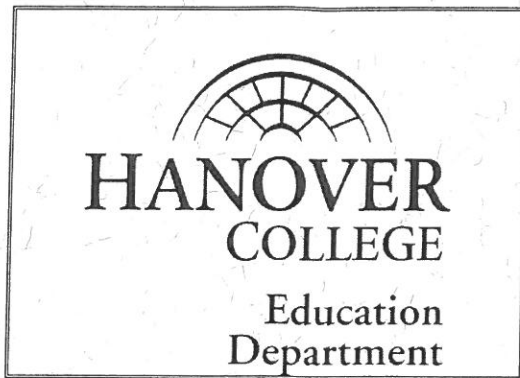
PREVIOUS TEACHING EXPERIENCE

<u>School</u>	<u>Inclusive Years</u>	<u>Grade(s)</u>	<u>Subject(s)</u>
<u>E.O. Muncie Elem.</u>	<u>1998 - present</u>	<u>1</u>	
<u>Canaan Elem.</u>	<u>1997 - 1998</u>		<u>Reading Recovery / LRE</u>
<u>Lydia Middleton</u>	<u>1996 - 1997</u>		<u>Reading Recovery</u>

PROFESSIONAL AFFILIATIONS/AWARDS/CONTINUING EDUCATION EXPERIENCE

Continuing Professional Development - Literacy Collaborative, RISE RTI, Professional Learning Communities

Signature Melissa Ommen Date 5-23-12



Cooperating/Mentor Teacher Professional Credential Record

Name EMILEE STUMLER School BYCK ELEMENTARY
 School Phone 485-8221 School E-Mail emilee.stumler@jefferson.kyschools.us
 School Address 2328 Cedar Street Louisville, KY

Home Address 1165 Copperfield Dr. Georgetown, IN 47122

Personal E-Mail use school email please

CURRENT TEACHING ASSIGNMENT: 5th grade Byck Elementary

Number of years teaching at current assignment 3 Total years of teaching experience 6

EDUCATION

<u>Undergrad</u>	<u>Bellarmine University</u>	<u>5/2007</u>

TEACHING CERTIFICATION(S)

<u>KY</u>	<u>elementary Education</u>	
<u>KY</u>	<u>Special Education</u>	

PREVIOUS TEACHING EXPERIENCE

<u>School</u>	<u>Inclusive Years</u>	<u>Grade(s)</u>	<u>Subject(s)</u>
<u>The DePaul School</u>	<u>2008-2010</u>	<u>3</u>	<u>All</u>
<u>St. Paul Catholic</u>	<u>2007-2008</u>	<u>3</u>	<u>All</u>

PROFESSIONAL AFFILIATIONS/AWARDS/CONTINUING EDUCATION EXPERIENCE

working on masters at Indiana University Southeast

Signature *Emilee Stumler* Date 8/1/12 Revised: 08/2008

HANOVER COLLEGE
Department of Education

Cooperating/Mentor Teacher Professional Credential Record

Name Sally Thompson Social Security No. 306-54-6217
School SWJCS Phone 866-6200 E-Mail sthompson@swjcs.us
School Address 273 Main Cross Hanover IN 47243
Street Address City State Zip Code
Home Address 1448 E. S.R. 56 Madison IN 47250
Street Address City State Zip Code
Current Teaching Assignment Second Grade

Number of years teaching at current assignment 20 Total years of teaching experience 28

EDUCATION PREPARATION

<u>Degree</u>	<u>Institution</u>	<u>Degree Completion Date</u>
<u>Master</u>	<u>Indiana University/Southeast</u>	<u>4-16-87</u>
_____	_____	_____

TEACHING CERTIFICATION(S)

<u>State</u>	<u>Type/Grade/Subject Area(s)</u>	<u>License Number</u>
<u>IN</u>	<u>K-6 Elementary</u>	<u>434749</u>
_____	_____	_____

PREVIOUS TEACHING EXPERIENCE

<u>School</u>	<u>Inclusive Years</u>	<u>Grade(s)</u>	<u>Subject(s)</u>
<u>Southwestern Elem.</u>	<u>28</u>	<u>1-2</u>	<u>General Ed.</u>
_____	_____	_____	_____

PROFESSIONAL AFFILIATIONS/AWARDS/CONTINUING EDUCATION EXPERIENCE

Signature Sally Thompson Date 11/12/12

(Thank you! A reply envelope is enclosed for your use).



Cooperating/Mentor Teacher Professional Credential Record

Name Julia Wells School Scottsburg HS
 School Phone 752-8927 School E-Mail jwells@scsd2.k12.in.us
 School Address 500 S. Gardner St Scottsburg IN 47170
Street Address City State Zip Code
 Home Address 250 N. Boatman Rd " "
Street Address City State Zip Code
 Personal E-Mail jwells@scsd2.k12.in.us

CURRENT TEACHING ASSIGNMENT: American Studies (11), Eng 12, Composition

Number of years teaching at current assignment 17 Total years of teaching experience 28

EDUCATION

Degree	Institution	Degree Completion Date
<u>BA</u>	<u>Hanover College</u>	<u>1984</u>
<u>MS</u>	<u>IU Southeast</u>	<u>1987</u>
<u>Admin. Cert.</u>	<u>IU Southeast</u>	<u>1997</u>

TEACHING CERTIFICATION(S)

State	Type/Grade/Subject Area(s)	License Number
<u>IN</u>	<u>English 9-12</u>	

PREVIOUS TEACHING EXPERIENCE

School	Inclusive Years	Grade(s)	Subject(s)
<u>Salem HS</u>	<u>1986-95</u>	<u>10</u>	<u>English</u>
<u>N. Harrison MS</u>	<u>1984-86</u>	<u>8</u>	<u>English</u>

PROFESSIONAL AFFILIATIONS/AWARDS/CONTINUING EDUCATION EXPERIENCE

NCTE, NEA, ISTA, SCAH 2 CTA
Lilly Fellow 2002, Vincennes Univ. Adjunct professor

Signature Julia Wells Date 6/6/12 Revised: 08/2008

