



Clayton County Public Schools TAPP Interest Form

Name _____ Date of Birth _____ Today's Date: _____

Home Address: _____ City _____ State _____ Zip Code _____

Home Telephone _____ Cell Phone _____ Work/Business Phone _____

Primary Email Address: _____ Secondary Email Address: _____

EDUCATION

**** ATTACH COLLEGE TRANSCRIPT/S & GACE SCORE REPORTS

Highest Degree Earned _____ Bachelors _____ Masters _____ Specialist _____ Doctorate _____ Other _____

Have you ever held any type of teaching certificate? _____ NO _____ YES If yes, please describe _____

Have you sent your transcripts to the Georgia Professional Standards Commission (PSC) for analysis for any area of certification?
_____ NO _____ YES In what area? _____ (Attach PSC Response)

Undergraduate College/University _____ City _____ State _____

Degree Type Awarded _____ Date Degree Awarded _____ Major _____ GPA _____

Graduate College/University _____ City _____ State _____

Degree Type Awarded _____ Date Degree Awarded _____ Major _____ GPA _____

Check below the area in which you wish to teach.

HIGH SCHOOL

- ___ Math
- ___ Science
- ___ Social Studies
- ___ English/Language Arts
- ___ CTAE
- ___ ROTC

MIDDLE SCHOOL

- ___ Math
- ___ Science
- ___ Social Studies
- ___ English/Language Arts
- ___ Connections/CTAE

- ___ FINE ARTS
- ___ SPECIAL EDUCATION
- ___ FOREIGN LANGUAGE
- ___ EARLY CHILDHOOD
- ___ OTHER

GACE TESTS TAKEN (attach)

ACKNOWLEDGEMENT: I understand that by completing this interest form and attaching my college transcript/s, I am requesting staff from the Department of Professional Learning to contact me and give me advice on the area of GACE which best matches my transcript. I understand that staff will not make any commitment to me as to my qualifications and/or acceptance into TAPP.

Name _____ Signature _____ Date _____
Print Name

For Office Use Only: TAPP SELECTION COMMITTEE

Recommend 1st Choice _____ 2nd Choice _____

GACE Recommended: _____

Other Recommendations:

Contacted via: _____ email date _____ phone date _____ face-to-face date _____

TAPP Committee Member's Signature: _____ Title: _____

TAPP Committee Member's Signature: _____ Title: _____