

OFFICE OF CERTIFIED PERSONNEL
CADDO PARISH SCHOOL BOARD
PO BOX 32000
SHREVEPORT, LOUISIANA 71130-2000

FILE REACTIVATION FORM

PLEASE COMPLETE THIS FORM TO REACTIVATE YOUR TEACHING FILE IN CADDO PARISH.

Date: _____

Name: _____
(please print)

Social Security Number: _____

Address: _____

Phone No.: _____

Contact No.: _____

NO CHILD LEFT BEHIND FORM _____

SIGNED SEXUAL MISCONDUCT FORM _____

SEXUAL MISCONDUCT FORMS RETURNED FROM PREVIOUS EMPLOYERS
(IF APPLICABLE)

REFERENCES – YOU MUST PROVIDE (3) CURRENT REFERENCES. Please distribute reference forms and envelopes. Your reference respondents should mail form in the envelope provided or fax the form back to the Recruiting Department. The fax number is 318-603-7009.

Are you retired from a Louisiana School District? Yes No

If “YES” Explain _____

Do you hold a Louisiana Teaching Certificate? _____ Yes _____ No

Area(s) of Certification _____

Do you hold an Out-of-State Teaching Certificate? _____ Yes _____ No

Area(s) of Certification _____

PLEASE TURN OVER AND COMPLETE THE BACK OF THIS FORM

WORK HISTORY SINCE LAST EMPLOYED BY CPSB

Dates	Current/Last/ Previous Employer(s)	Address	Supervisor	Phone Number

COMPLETE THIS SECTION ONLY IF YOU HAVE OBTAINED ADDITIONAL COLLEGE HOURS OR AN ADDITIONAL DEGREE(S) SINCE YOUR EMPLOYMENT WITH CADDOPARISH.

College/University	Address	Hours or Degree(s) Earned	Overall GPA

Have you ever been convicted of a felony? Yes No

If yes, please explain by enclosing a confidential letter addressed to: C.P.S.B., Director of Certified Personnel, PO Box 32000, Shreveport, Louisiana 71130-2000.

AGREEMENT AND SIGNATURE

I certify that the information on form is true and complete. I also certify that I can perform the duties and responsibilities inherent in this position with or without reasonable accommodations. I understand that furnishing false information or omitting information on this form could disqualify me from consideration for employment or could lead to discharge from employment. You are hereby authorized to make any investigation of my personal and employment history.

Signature

Date

Date File Forwarded to Administrator: _____



CADDO PARISH SCHOOL BOARD

POST OFFICE BOX 32000 • 1961 MIDWAY STREET • SHREVEPORT, LOUISIANA 71130-2000
AREA CODE 318 • TELEPHONE 603-6300 • FAX 631-5241

SEXUAL MISCONDUCT DISCLOSURE STATEMENT

As required by Louisiana Revised Statute 17:81.9, (Act 723), the applicant authorizes all previous city, parish, or other local public school system employers to disclose any and all information in the applicant's personnel file related to instances of sexual misconduct with students committed by the applicant. The applicant releases previous and current employers from liability for providing the requested information to the Caddo Parish School System.

- I have read and understand the statement above.
- **I also understand that I cannot be considered for employment in the Caddo Parish School System unless this form is signed.**
- I agree that a copy of this form will be sent to each of my previous employers.
- Each completed form received will be placed in my personnel file.

Please check the appropriate entry:

_____ I have formerly worked in (a) school district(s) in the State of Louisiana.

_____ I have never worked in a (a) school district(s) in the State of Louisiana.

PRINT FULL NAME

DATE

SIGNATURE OF EMPLOYEE

SOCIAL SECURITY NUMBER

*******THIS SECTION TO BE COMPLETED BY PREVIOUS EMPLOYER*******

Name of School System: _____

_____ There is no information in this employee's file indicating sexual misconduct.

_____ I have attached documentation regarding sexual misconduct.

Previous employers(s) should complete this form and return it **within twenty (20) business days** to the following address:

Caddo Parish School Board
Certified Human Resources Department
PO Box 32000
Shreveport, LA 71130-2000


Jan Holliday, Director, Human Resources

Date

Signature of Director, Human Resources: _____

Administrative Evaluation Form For Determination of NCLB Status Elementary, Middle, & High School Teachers (Regular and Special Education)

Name of Teacher Applicant	SSN	# Yrs. Teaching Experience	Subject/Grade
Certificate Type & Number	Certification Area(s) as Listed on Teaching Certificate		

The Federal No Child Left Behind Act of 2001 (NCLB) requires all teachers (regular and special education) who teach core academic subjects to meet the “Highly Qualified” teacher requirements.

Timeline for Implementation:

Immediately for all teachers, teaching core academic subjects, hired on or after the first day of 2002-2003 school year in Title 1 schools (school wide) and teachers teaching core academic subjects in Title Funded positions in Non-Title 1 Schools.

NCLB legislation, core academic subjects have been defined as English, Reading, Language Arts, Math, Science, Foreign Languages, Civics, Government, Economics, Arts, History, and Geography.

Check and complete the appropriate NTE or PRAXIS Content/Subject Specific Area exam(s) as applicable:
(Please provide an original or notarized copy of all NTE/PRAXIS exams with your employment application.)

- Early Childhood Education (0020)
- Education in Elementary School (0010)
- Elementary Education , Curriculum Instruction & Assessment (0011)
- Elementary Education, Content Area Exercises (0012)
- Elementary Education, Content Knowledge (0014)
- Middle School Mathematics (0069))
- Middle School English/Language Arts (0049)
- Middle School Science (0439)
- Middle School Social Studies (0089)
- Secondary Subject Specific Exam _____ Exam # _____
- Secondary Subject Specific Exam _____ Exam # _____

List the number of semester hours achieved in the core content academic area(s) listed below:

English/Lang. Arts____ Math____ Science____ Social Studies____ Music____ Art____ Foreign Language _____

Master’s degree in content area: _____ **Yes** _____ **No** **If yes, list academic major:** _____

National Board Certification: _____ **Yes** _____ **No** **If yes, list National Board Certification Area:** _____

Teacher Applicant’s Signature _____
Date

Note: The definition of “Highly Qualified Teachers” as approved by BESE is available at www.louisianaschools.net.

For Central Office Use Only:
 Teacher meets the “Highly Qualified” requirements as defined by NCLB: _____ **Yes** _____ **No**
 If yes, list “Highly Qualified” area(s): _____
 Date of Employment: _____ School _____ Subject/Grade _____

