

Model Classroom Application Form

Please provide all of the requested information as completely as possible. This information is used to communicate when additional paperwork is required and to confirm certification status. If necessary, add additional sheets with your responses and number accordingly. You may email your questions to certification@renlearn.co.uk or call us on 0845 260 3570.

Teacher _____

Project Manager _____

School Name _____

School Address _____

Phone _____ Fax _____

Email _____

Headteacher's Name _____

1. Teacher Background

Education _____

Teaching Experience (years, subjects, levels, specialty areas) _____

Awards and Professional Recognition _____

2. Classroom Background (current classroom)

Year _____ Number of students _____

Average reading age from STAR Reading _____

Number of years using Accelerated Reader _____

Average daily classroom time devoted to:

Reading To _____ Reading With _____ Reading Independently _____

3. Complete the Model Classroom Survey/Questionnaire

4. Model Classroom Checklist

Attach a completed Model Classroom Checklist. A majority of the techniques must be in place in order to qualify for certification.

5. Qualifying Diagnostic Report

Attach the class Diagnostic Report for a recent 12-week period.

6. Teacher's Signature

I attest that the information I have included on this form is accurate and fairly represents my use of Accelerated Reader and Renaissance best classroom practices. I understand that Renaissance Model Teachers will be publicised, and I agree to facilitate visits from interested schools at mutually agreed times. I further grant Renaissance Learning UK, permission to disseminate the information on this form in the course of their research, training, and promotional activities.

Signature _____ Date _____

7. Headteacher's Signature

As chief administrator of this school, I attest that I have reviewed the information and attached Diagnostic Report, and that, to the best of my knowledge, they are accurate and fairly represent this teacher's classroom practices.

Signature _____ Date _____

Print Name Here _____

Return this form to:

Certification Department
Renaissance Learning UK
32 Harbour Exchange Square
London E14 9GE
Phone: 0845 260 3570
Fax: 0207 538 2625
Email: certification@renlearn.co.uk