



Teacher Trainee Name: _____

Apparatus Certifying: _____

**Circus Arts Institute
Advanced Teacher Certification
Application**

Instructions:

Please print this form out and have trainer-level supervisors fill out the applicable section and sign. You can distribute to different supervisors if you gained experience at different locations or with different supervisors. We require current contact information for all supervisors as we reserve the right to verify all information submitted.

How to Submit:

Submission Deadline: At least 2 weeks before Assessment date.

How to Submit: Scan and e-mail all forms and supporting documents to

carrie@circusartsinstitute.com

Certification Requirements

CPR Certification

Send image of current CPR certification with legible name and expiration date with this application.

First Aid Certification

Send image of current First Aid certification with legible name expiration date with this application.

Classroom Hours

30 hours Advanced Teacher Training Course (must be gotten at Circus Arts Institute)

Trainee: please fill in the dates of your Advanced Aerial Teacher Training Classroom hours:

Date of completion:	
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Teacher Trainee Name: _____

Apparatus Certifying: _____

Teaching Practice Hours

1) 80-100+ hours co-teaching

Notes: These hours should only count towards one requirement.

These are hours that the trainee co-taught advanced-level classes/lessons.

Only record class/lesson hours where above apparatus was being taught.

To be completed by trainer-level supervisor:

Date(s) of completion:			Date(s) of completion:	
Hour(s) completed:			Hour(s) completed:	
Recommend for Certification?	YES	NO	Recommend for Certification?	YES NO
Location:			Location:	
Supervisor Name:			Supervisor Name:	
Supervisor Email:			Supervisor Email:	
Signature:			Signature:	
Date(s) of completion:			Date(s) of completion:	
Hour(s) completed:			Hour(s) completed:	
Recommend for Certification?	YES	NO	Recommend for Certification?	YES NO
Location:			Location:	
Supervisor Name:			Supervisor Name:	
Supervisor Email:			Supervisor Email:	
Signature:			Signature:	
Date(s) of completion:			Date(s) of completion:	
Hour(s) completed:			Hour(s) completed:	
Recommend for Certification?	YES	NO	Recommend for Certification?	YES NO
Location:			Location:	
Supervisor Name:			Supervisor Name:	
Supervisor Email:			Supervisor Email:	
Signature:			Signature:	
Date(s) of completion:			Date(s) of completion:	
Hour(s) completed:			Hour(s) completed:	
Recommend for Certification?	YES	NO	Recommend for Certification?	YES NO
Location:			Location:	
Supervisor Name:			Supervisor Name:	
Supervisor Email:			Supervisor Email:	
Signature:			Signature:	



Teacher Trainee Name: _____

Apparatus Certifying: _____

Teaching Practice Hours

2) 80-100+ hours teaching

Notes: These hours should only count towards one requirement.

These are hours that the trainee taught advanced-level classes/lessons.

Only record class/lesson hours where above apparatus was being taught.

To be completed by trainer-level supervisor:

Date(s) of completion:			Date(s) of completion:		
Hour(s) completed:			Hour(s) completed:		
Recommend for Certification?	YES	NO	Recommend for Certification?	YES	NO
Location:			Location:		
Supervisor Name:			Supervisor Name:		
Supervisor Email:			Supervisor Email:		
Signature:			Signature:		
Date(s) of completion:			Date(s) of completion:		
Hour(s) completed:			Hour(s) completed:		
Recommend for Certification?	YES	NO	Recommend for Certification?	YES	NO
Location:			Location:		
Supervisor Name:			Supervisor Name:		
Supervisor Email:			Supervisor Email:		
Signature:			Signature:		
Date(s) of completion:			Date(s) of completion:		
Hour(s) completed:			Hour(s) completed:		
Recommend for Certification?	YES	NO	Recommend for Certification?	YES	NO
Location:			Location:		
Supervisor Name:			Supervisor Name:		
Supervisor Email:			Supervisor Email:		
Signature:			Signature:		
Date(s) of completion:			Date(s) of completion:		
Hour(s) completed:			Hour(s) completed:		
Recommend for Certification?	YES	NO	Recommend for Certification?	YES	NO
Location:			Location:		
Supervisor Name:			Supervisor Name:		
Supervisor Email:			Supervisor Email:		
Signature:			Signature:		



Teacher Trainee Name: _____

Apparatus Certifying: _____

Supervision Hours

1) 10-20+ hours one-on-one supervision hours

These are (at least) 10 hours of one-on-one, out-of-class supervision by a trainer-level professional that included evaluation and feedback for the purpose of improving above the trainee's teaching skills.

To be completed by trainer-level supervisor:

Date(s) of completion:		Date(s) of completion:	
Hour(s) completed:		Hour(s) completed:	
Recommend for Certification?	YES NO	Recommend for Certification?	YES NO
Location:		Location:	
Supervisor Name:		Supervisor Name:	
Supervisor Email:		Supervisor Email:	
Signature:		Signature:	
Date(s) of completion:		Date(s) of completion:	
Hour(s) completed:		Hour(s) completed:	
Recommend for Certification?	YES NO	Recommend for Certification?	YES NO
Location:		Location:	
Supervisor Name:		Supervisor Name:	
Supervisor Email:		Supervisor Email:	
Signature:		Signature:	

Supervisor Classroom Management Assessment:

To be completed by most recent trainer-level supervisor who has observed trainee teach:

On a scale of 1-5 (1 being poor/not in control of classroom and 5 being excellent/ commands her students well) how would you rate the trainee's recent performance as a teacher.

1 2 3 4 5

Would you suggest awarding Advanced Teacher Certification, meaning that this trainee is HIGHLY qualified to teach Aerial Classes/Lessons at the Advanced Level?

YES NO

Name _____ Signature _____ Date: _____

Supervisor Overall Assessment:

To be completed by most recent trainer-level supervisor who worked with trainee one-on-one:

Would you suggest awarding Advanced Teacher Certification, meaning that this trainee is HIGHLY qualified to teach Aerial Classes/Lessons at the Advanced Level?

YES NO

Name _____ Signature _____ Date: _____

To confidentially relate any concerns, please email Carrie at Carrie@circusartsinstitute.com



Teacher Trainee Name: _____

Apparatus Certifying: _____

Rigging

1) 12+ hours rigging education

Please attach

Date(s) of completion:		Date(s) of completion:	
Hour(s) completed:		Hour(s) completed:	
Location:		Location:	
Educator Name:		Educator Name:	
Educator Email:		Educator Email:	
Signature:		Signature:	
Date(s) of completion:		Date(s) of completion:	
Hour(s) completed:		Hour(s) completed:	
Location:		Location:	
Educator Name:		Educator Name:	
Educator Email:		Educator Email:	
Signature:		Signature:	
Date(s) of completion:		Date(s) of completion:	
Hour(s) completed:		Hour(s) completed:	
Location:		Location:	
Educator Name:		Educator Name:	
Educator Email:		Educator Email:	
Signature:		Signature:	

Applicant Attestation

I, _____, attest that all information above is true and correct to the best of my knowledge.
Print name here

I further agree to and understand that it is my responsibility to keep my CPR & 1st Aid certifications current and it is my responsibility to do my own Continuing Education; and, if I fail to do so, I understand that any certification I receive from the Circus Arts Institute is null and void.

Applicant Signature _____

Date _____