



Teacher Trainee Name: \_\_\_\_\_

Apparatus Certifying: \_\_\_\_\_

## Circus Arts Institute Beginner Teacher Certification Requirements 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](mailto:carrie@circusartsinstitute.com)

## Certification Requirements

### CPR & First Aid Certification

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

### Classroom Hours

25 hours Beginner Teacher Training Course (must be gotten at Circus Arts Institute Aerial Teacher Training program)

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

Date of completion:	<input type="text"/>
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**Rigging Education** required only for Studio Owners & trainees who have home rig  
4+hours in person or online education classes / workshops

Date(s) of completion:	<input type="text"/>
Hour(s) completed:	<input type="text"/>
Location:	<input type="text"/>
Rigging Trainer Name:	<input type="text"/>
Trainer Email:	<input type="text"/>



Teacher Trainee Name: \_\_\_\_\_

Apparatus Certifying: \_\_\_\_\_

## Teaching Practice Hours

### 1) 5-10 hours classroom observation/co-spotting

Notes: These hours should only count towards one requirement

These are hours that trainee observed or co-spotted beginner-level classes/lessons (cannot be while co-teaching or teaching) for the purpose of learning to teach.

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) 30-60 hours co-teaching

Notes: These hours should only count towards one requirement.

These are hours that the trainee co-taught beginner-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

### 3) 5 hours supervised teaching

Notes: These hours should only count towards one requirement

These are hours spent teaching alone (while supervised) beginner-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:		

### 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 Beginner Teacher Certification, meaning that this trainee is HIGHLY qualified to teach Aerial Classes/Lessons at the Beginner Level?

YES   NO

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

To confidentially relate any concerns, please email Carrie at [Carrie@circusartsinstitute.com](mailto:Carrie@circusartsinstitute.com)



Teacher Trainee Name: \_\_\_\_\_

Apparatus Certifying: \_\_\_\_\_

## Supervision Hours

### 1) 5 hours one-on-one supervision hours

These are (at least) 5 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 Assessment:

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

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

YES	NO
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Name \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

To confidentially relate any concerns, please email Carrie at [Carrie@circusartsinstitute.com](mailto:Carrie@circusartsinstitute.com)

## Applicant Attestation

I, \_\_\_\_\_, attest that all information above is true and correct to the best of my  
Print name here

knowledge. I further agree to and understand that it is my responsibility to keep my CPR & 1<sup>st</sup> 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 \_\_\_\_\_