



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

or mail to: Circus Arts Institute • 2969 E Ponce de Leon Ave • Suite 370 • Atlanta, GA 30030

Certification Requirements

CPR & First Aid Certification

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

Rigging Education

4+hours education in person classes / workshops

Date(s) of completion:	
Hour(s) completed:	
Location:	
Rigging Trainer Name:	
Trainer Email:	

Classroom Hours

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

To be completed by CAI:

Date of completion:	
Assessment Date:	
Score:	
Certify?	YES NO
Signature:	



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



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

Applicant Attestation

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

Applicant Signature _____

Date _____