



PrintED INSTRUCTOR DATA FORM (DUPLICATE, IF NEEDED)

Name _____ Title _____

Lead Instructor Instructor

School/Institution _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____ URL _____

Summer Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

I. EDUCATION*

Place a check in the appropriate box indicating your highest level of education.

- Credit hours for unearned undergraduate degree
- Technical Institute or Junior College Certificate
- Associate Degree
- Bachelor Degree
- Master Degree
- Doctorate

Documentation:*

- Copy of diploma
- Copy of transcript attached for unearned undergraduate/graduate degrees
- Copy of Teaching Certificate

PrintED OFFICE USE ONLY

Reviewed by _____ Date _____

Total points earned _____ Approved: Yes No

Comments: _____

* REQUIRED

II. CONTINUING EDUCATION AND PROFESSIONAL DEVELOPMENT*

List educational programs and courses attended that relate to graphics/printing sponsored by the state/county or related professional organizations (i.e. Litho Club, Craftsmen Club, etc.) within the past five years. Include Documentation (copy of certificate, roster, outline or brochure).

A. Institution _____
Program/Course Title _____
Dates attended _____ # of contact hours _____

- Course in graphics/printing related skills Course in teaching related skills
 Documentation attached

B. Institution _____
Program/Course Title _____
Dates attended _____ # of contact hours _____

- Course in graphics/printing related skills Course in teaching related skills
 Documentation attached

C. Institution _____
Program/Course Title _____
Dates attended _____ # of contact hours _____

- Course in graphics/printing related skills Course in teaching related skills
 Documentation attached

D. Institution _____
Program/Course Title _____
Dates attended _____ # of contact hours _____

- Course in graphics/printing related skills Course in teaching related skills
 Documentation attached

III. ACHIEVEMENTS IN EDUCATION

List your print/graphics related awards earned within the past five years including a brief description of the reason for the award.

A. Institution/Organization _____
Title of Award _____ Date Received _____
Purpose _____

B. Institution/Organization _____
Title of Award _____ Date Received _____
Purpose _____

*REQUIRED

IV. TEACHING EXPERIENCE*

List positions beginning with your current/most recent teaching position.

A. Full Time Part Time

School _____
Address _____
City _____ State _____ Zip _____
Position _____ Dates _____ # of years _____
Printing/Graphics Subject(s) Taught _____
Academic Subjects Taught _____
Supervisor _____ Title _____

B. Full Time Part Time

School _____
Address _____
City _____ State _____ Zip _____
Position _____ Dates _____ # of years _____
Printing/Graphics Subject(s) Taught _____
Academic Subjects Taught _____
Supervisor _____ Title _____

C. Full Time Part Time

School _____
Address _____
City _____ State _____ Zip _____
Position _____ Dates _____ # of years _____
Printing/Graphics Subject(s) Taught _____
Academic Subjects Taught _____
Supervisor _____ Title _____

V. INDUSTRY EXPERIENCE

List positions held in the printing/graphic communications industry.

A. Full Time Part Time

Title _____ Company _____
Address _____
City _____ State _____ Zip _____
Dates _____ Years _____
Duties _____

B. Full Time Part Time

Title _____ Company _____
Address _____
City _____ State _____ Zip _____
Dates _____ Years _____
Duties _____

*REQUIRED

C. Full Time Part Time

Title _____ Company _____

Address _____

City _____ State _____ Zip _____

Dates _____ Years _____

Duties _____

VI. INDUSTRY-RELATED MEMBERSHIPS*

List current industry-related memberships in organizations such as Printing Industries of America, IGAEA, Printing Industries of America Affiliates, etc.

A. Association/Group Name _____

Address _____

City _____ State _____ Zip _____

Dates of membership _____

Documentation attached

B. Association/GroupName _____

Address _____

City _____ State _____ Zip _____

Dates of membership _____

Documentation attached

C. Association/GroupName _____

Address _____

City _____ State _____ Zip _____

Dates of membership _____

Documentation attached

VII. PARTICIPATION IN GRAPHIC INDUSTRY-RELATED ORGANIZATIONS

A. List participation on committees, task forces, or special projects within the past five years.

1. Committee/Activity _____

Member Chairman Officer Dates of membership _____

Documentation attached

2. Committee/Activity _____

Member Chairman Officer Dates of membership _____

Documentation attached

B. List service as an instructor, presenter, organizer, or panel member for seminars or other special events within the past five years.

1. Event/Activity _____

Organizer Instructor Panel Member Date _____ # of hours _____

Documentation attached

2. Event/Activity _____

Organizer Instructor Panel Member Date _____ # of hours _____

Documentation attached

*REQUIRED

VIII. CAREER DEVELOPMENT ACTIVITIES*

Describe participation in career opportunities programs (e.g., SkillsUSA, career fairs, trade shows, technical updates, etc.) within the past five years.

Event _____
 Organizer Participant
Sponsor _____ Date _____ # of hours _____
Description _____

Event _____
 Organizer Participant
Sponsor _____ Date _____ # of hours _____
Description _____

Event _____
 Organizer Participant
Sponsor _____ Date _____ # of hours _____
Description _____

SIGNATURES

DIRECTOR/PRINCIPAL

DATE

INSTRUCTOR

DATE

THE ITEMS LISTED ABOVE ARE TRUE AND SUBMITTED AS VALIDATION OF MY EXPERIENCE AND DEDICATION IN PROVIDING QUALITY GRAPHIC COMMUNICATIONS/PRINTING EDUCATION.

THIS DOCUMENT WILL BE REVIEWED BY THE EVALUATION TEAM LEADER AND FILED IN THE ADMINISTRATIVE STANDARDS BINDER BEHIND TAB 1.2.

*REQUIRED