

UNIQUE NEED TUITION REIMBURSEMENT FORM

Please complete this form for requests for tuition beyond the WCEA entitlement as specified in the negotiated contract between the Warren County Education Association and Warren County School District: "Reimbursement will be made for courses taken to meet a new or unique need of the District as determined by the Personnel Committee of the Board ." -WCEA and WCSD Negotiations Agreement

Name: ANN READSHAW

Date: 1/31/2008

Assignment/Grade Level: K-6 VOCAL/GENERAL/INSTRUMENTAL MUSIC

School: SSEL, RES, SGES, LEC

Years Service in Warren County School District as Teacher: 1

Please describe the unique need of the Warren County School District that would be met by this request: _____

IT IS OFTEN THE CASE THAT STUDENTS NEEDING ENGLISH AS A SECOND LANGUAGE INSTRUCTION AND INTERVENTION TRANSFER INTO A SCHOOL DISTRICT WITH LITTLE ADVANCE NOTICE. IT IS TO THE DISTRICT'S STRATEGIC ADVANTAGE TO HAVE IN PLACE A POLICY AND A PROCEDURE FOR IMMEDIATELY ADDRESSING THE UNIQUE NEEDS OF ESL STUDENTS., ONE THAT ENCOMPASSES THE SOCIAL AND MULTICULTURAL ISSUES THAT THE ENTIRE SCHOOL COMMUNITY WILL EVENTUALLY EMBRACE.

Certification/Degree that will be earned: K-12 ENGLISH AS A SECOND LANGUAGE CERTIFICATION (2 COURSES REMAINING)

College/University: GLOBAL CLASSROOM ONLINE LEARNING

Advisor/Dean's Signature: *Ann M. Bueckle*
Principal SSEL

Telephone Number: 874-723-9340

List all courses for which tuition reimbursement is being requested:

| Course | Course Number | No. of Credits | Date of Course | Cost of Tuition |
|--|---------------|----------------|----------------|-----------------|
| INSTRUCTIONAL MATERIALS 2 | | 2 | 2/11/08 | \$320 |
| ASSESSMENT AND SUPPORT FOR ENGLISH LANGUAGE LEARNERS | | 3 | 3/12/08 | \$420 |
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Date that Certification/Degree will be awarded: 5/20/2008

I have read the above information and agree that it is correct:

University Advisor's Signature: *Ann M. Bueckle*

Date: 2/1/08

Advisor's Telephone Number: _____

I agree to all the conditions of tuition reimbursement as stated in the WCEA /Board Agreement or Act 93 /Board Agreement and understand that I have no entitlement to a position transfer by completion of these courses.

Requestor's Signature: Amber Ruel Date: 2/11/18

I have reviewed the above information for unique need tuition reimbursement. As the requestor's supervisor, I recognize this request as meeting a unique need of the Warren County School District and approve the requestor's participation in this program by my signature below.

Supervisor's Signature: Amber Ruel Date: _____

As superintendent of the Warren County School District, I recognize this request as meeting a unique need of the Warren County School District and approve the request for tuition reimbursement and the requestor's participation in this program by my signature below.

Superintendent's Signature: Robert E. Terrell Date: _____

WARREN COUNTY SCHOOL DISTRICT
PROJECTED CERTIFICATION NEEDS

Foreign Languages

Spanish

French

German

Science

Physics

Chemistry

School Administration

Reading Specialist

Special Education

Autism

Physically Handicapped

Emotional Support

Life Skills

Consumer Science

Technology Education

School Counselor

Educational Technology Integration

Librarian

Additions to Special Education Certificates

Mathematics

Social Studies

Science

Middle Level Certificates

Masters Degrees in the Content Area

Advanced Placement Course Training

Speech Pathology