



MASTER TEACHER INTENT FORM

To submit a Master Teacher Application
2015 – 2016

(please print)

Name _____

School District and Building _____

Email Address _____

Phone (daytime) _____

At this time, I intend to submit the application for Ohio's *Master Teacher* designation. I understand there are two opportunities to submit an application during the 2015-2016 school year. My goal is to complete the application for *Master Teacher* for submission by:

_____ January 7, 2016 (recommended date)
_____ February 26, 2016

I plan to attend the following informational support session on October 28, 2015 from 3:45 - 5:15 p.m. to ensure that I understand the requirements for the *Master Teacher* application and to receive my official *application number*. This information session will be held at the Madison-Champaign ESC, Administrative Office Board Room. I understand I must register for this training.

Signature of Applicant _____ Date _____

Mail to:

Missy Casey
Madison-Champaign ESC
1512 S. US Hwy. 68, Suite J100
Urbana OH 43078

Questions?

Please call: Donna Stelzer
Phone: (937) 484-1557 ext. 2567
Email: stelzer@mccesc.k12.oh.us

THIS FORM NEEDS TO BE SUBMITTED ON OR BEFORE **OCTOBER 21, 2015.**