

# Cadet Teaching

*Application*

Name: \_\_\_\_\_

Current Grade Level: \_\_\_\_\_ Semester: 1 or 2

1. Signature of a LOHS teacher who is a reference for you: \_\_\_\_\_
2. Elementary School preference: \_\_\_\_\_ Teacher/Grade level preference: \_\_\_\_\_
3. Student's email address: \_\_\_\_\_

*Please answer the following questions within the space provided:*

1. Please state why you want to be a Cadet Teacher:
2. What do you hope to gain from this experience of Cadet Teaching?
3. Please describe three of your best characteristics?
4. Please elaborate as to how seriously you take responsibility:

**Turn in completed application to Counseling Office**