

Iraq ESL Training the Trainers Initiative

Technical Review Requirements

Program Overview

The Iraq ESL Training the Trainers Initiative is an important step toward Iraq achieving the goal of English language acquisition through effective and innovative teaching. Sponsored by the U.S. Embassy in Baghdad, the initiative aims to be both realistic and practical while embracing bold and creative strategies that allow the brightest educators and leaders to shape the education of Iraq through a strategic nationwide training plan. Through training and exposure to authentic English language and modern language pedagogy, a core group of teachers and supervisors will share their knowledge and expertise with a new generation of English language teachers.

General Application Criteria

- Must be a citizen of Iraq and currently reside in Iraq
- History of English language study (Bachelor's/Master's degree)
- Must hold a current position related to teaching English or supervising in a school (not in a private school setting)
- Proof of provincial residency, via jinsiah
- Must be age 18 or older
- Must have graduated from secondary school by June, 2008
- Must show initiative and professional interest in English language teaching and learning

IMPORTANT: Please save this document to your computer. Use the button below to save now.

Iraq ESL Train the Trainers Application

***Please complete all questions below ***

Applicant's Name: _____

Iraq ESL Training the Trainers Initiative

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Is this Training for You?

- Do you currently teach English or have previous experience with teaching English as a second language?
- Are you interested in furthering ESL teaching in Iraqi society?
- Are you willing to share your new experience and information with students and other staff?
- Are your English language skills strong enough to read and understand information about further developing ESL programs in Iraq?

PERSONAL INFORMATION

Full Legal Name: _____

Permanent Address: _____

Province: _____

City/Town: _____

Section/Street/Home: _____

How long have you resided at this address? _____

Telephone: _____ Email Address: _____

Gender: _____ Date of Birth (Month/Day/Year – example: 12/31/1975): _____

OTHER PROFESSIONAL INFORMATION

Current level you teach or supervise:

Average age level of your students:

Average level of English fluency of your students:

Please describe any past teacher training you have participated in (600 character limit):

EDUCATION

Institution Name and City	Dates Attended (Mo/Yr – Mo/Yr)	Major Field of Study	Degree Received	Date Degree was Received (Mo/Yr)
	-			/
	-			/
	-			/
	-			/

Honors and Scholarships

RELEVANT WORK HISTORY

Employer Name	Location (City and Province)	Job Position Title	Dates Employed (Mo/Yr – Mo/Yr)
			-
			-
			-
			-

LEADERSHIP AND VOLUNTEER EXPERIENCE

Institution Name and City	Type of Activity or Participation	Dates of Participation (Mo/Yr – Mo/Yr)
		-
		-
		-

LANGUAGE PROFICIENCY

Language	Proficiency Level	Native Language? (Y/N)	Years Studied

ENGLISH LANGUAGE PROFICIENCY

Number of Years of English Study:

Where Studied: _____

Have you taken the TOEFL exam?

The TOEFL exam is not mandatory to participate in this program, but you must be proficient in English.

If YES, Date Taken: _____ Score: _____

Knowledge of English (rate your ability in each category):

Speaking Ability:

Reading Ability:

Writing Ability:

PERSONAL STATEMENT

For each question, respond in English and limit your response to the character length identified in each question. Please answer ALL questions.

Question 1: *Why do you want to participate in the English Language Training Workshop (800 character limit)?*

Question 2: *What do you hope to learn during your participation, and how will you use this new knowledge (800 character limit)?*

Question 3: *What types of challenges do you face as a teacher or supervisor in relation to English Language teaching in your school (800 character limit)?*

PROFESSIONAL REFERENCE

Please provide a professional reference that we may contact and explain your connection to this person (e.g. supervisor, professional colleague, professor/ teacher)

Name of Reference: _____

Title: _____

Relationship:

E-mail Address: _____

CERTIFICATION AND ELECTRONIC SIGNATURE

By clicking this box and typing my name below, I certify that the information provided in this application is correct and complete, that I meet all application requirements, and that the application was completed solely by me.

Name: _____

Date: _____

PRINT, SAVE, AND SUBMIT THIS FORM

1) Print a copy of this document. Keep this copy for your records. Use the button below to print now.

2) Save the completed document. Use the button below to save your work.

3) Submit this application to iraqesl@aed.org. Use the button below to submit this application.

Be sure to put the following in the subject line: TOT First Name Last Name.

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To: iraqesl@aed.org

Subject: TOT Ahmed Shawki

****Please submit a copy of your university level transcripts (translated in English) by scanning a copy and e-mailing it to iraqesl@aed.org with your name and the word "TRANSCRIPT" in the subject line of the email.**

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To: iraqesl@aed.org

Subject: Ahmed Shawki TRANSCRIPT