

C.I.S.D. CEOP Program Application

Channelview ISD selects 15 employees to participate in the 2006-2007 CEOP Certification Program. Please answer the questions on this application to the best of your ability.

Name: _____

School/Department: _____

Position: _____

Phone: _____

1. How long have you been employed with Channelview I.S.D.? _____

2. What are your professional goals? _____

3. Why are you interested in becoming a Certified Educational Office Professional (CEOP)?

4. What does it mean to you that CISD is investing in staff development courses for district support staff?

5. Are you capable of making the time commitment to complete this program as outlined in the CEOP brochure? (Including Saturday classes)

6. Please attach a letter of recommendation from your supervisor / principal. Proof of membership in TESA will be required upon selection to the program.

Deadline for Applications:

Return completed applications to Darcy Blackstock by September 1, 2006.

Committee Use:	
Approved for program: _____ Yes _____ No	Current School Year: