

APPLICATION FORM
Non-Public School World Languages Program

Section I

Please complete the following information:

1. Name of Organization: _____
2. Organization Address: _____
3. Telephone Number: _____
4. Contact Person: _____
5. E-Mail Address of Contact Person: _____
6. Director of School/Program: _____

Section II

Please complete the following information:

1. Language (s) currently taught: _____
2. Grade Level/Age of students enrolled in program: _____
3. Minutes of instruction per week: _____
4. Frequency of instruction per week: _____
5. Teacher/student ratio: _____
6. Qualifications/Credentials of program instructor(s):

Section III Curriculum, Instructional and Assessment Practices

1. Is the current curriculum a written document in English? _____
(Please submit the curriculum for review with this application form.)
2. Is the curriculum aligned with the revised 2004 *New Jersey Core Curriculum Content Standards for World Languages*? (www.state.nj.us/njded/aps/cccs/wl)

**3. List the major goals of the world languages program.
Please limit to five goals.**

4. Briefly describe the instructional and assessment practices used in the program. Please attach any relevant materials.

5. Describe and/or attach other information about the world languages program (e.g., text and other instructional materials used, special features of the program, etc).
