

[Your Name]

[Address]

[City, State, ZIP]

[Phone Number] | [Email Address]

OBJECTIVE

[Brief statement highlighting your teaching goals and your dedication to education.]

EDUCATION

[Degree Title]

[University Name], [City, State]

[Year of Graduation]

[Certification]

[Certification Name], [State], [Year]

CERTIFICATIONS

[State Teaching License], [State], [Year]

[Additional Certification], [Year]

TEACHING EXPERIENCE

[Position Title]

[School Name], [City, State] — [Years]

- [Brief description of duties and accomplishments]
- [Another relevant accomplishment or responsibility]

[Position Title]

[School Name], [City, State] — [Years]

- [Brief description of classroom management or subject specialties]

SKILLS

- [Curriculum Planning]
- [Classroom Management]
- [Differentiated Instruction]
- [Standardized Testing Preparation]
- [Technology Integration]
- [Collaboration & Communication]

PROFESSIONAL DEVELOPMENT

[Workshop/Training Name], [Institution/Organization], [Year]

[Relevant Course or Seminar Name], [Year]

REFERENCES

Available upon request.