QUINCY UNIVERSITY
School of Education

TEACHER EDUCATION PROGRAM APPLICATION

Application Instructions

Applications are accepted in the Fall the first day of classes and are due no later than September 15th or the preceding business day.

Applications are accepted in the Spring the first day of classes and are due no later than February 15th or the preceding business day.

The process to apply for the Teacher Education Program starts when you complete one of the pre-professional courses (EDU 213 Foundations of Education, EDU 214 Educational Psychology, EDU 240 Media & Technology in Education, or SPE229 Survey of Exceptional Students)

This is a checklist for you to use when completing your application to the Teacher Education Program. INCOMPLETE applications will not be accepted.

For acceptance to TEP you will need to meet the following criteria and include the following information with your TEP application:

1. Passing Scores on all 4 sections of the Test of Academic Proficiency (TAP) or the ACT with Writing. ACT in lieu of TAP requires a composite score of 22 or better with a combined English/writing score of 19 or better.
2. Grade of "C" or better on all Gen. Ed. Courses – Check Teacher Education Handbook for specific courses needed for acceptance to Teacher Education Program.
3. Grade of "C" or better in **one** or more of the following Pre-professional courses.

   Foundations of Education
   Educational Psychology
   Media & Technology in Education
   Survey of Exceptional Students

4. Background check –Illinois State Police Fingerprinting with no criminal records received in the School of Education. Please see background check instructions located in the course "School of Education Student Resources" on Moodle.
5. Cumulative Grade Point Average of 2.6 or above
6. Declared major correctly stated on your transcript. Change of major or minor is done through the Registrar's Office.
7. Include **two** recommendations from instructors in the School of Education. If you are a secondary education major, please include one recommendation from a School of Education instructor and one from an instructor in your content area. If you are a transfer student, these may come from education instructors at your previous institution.
8. Attach a copy of your transcript showing all of your coursework; this may be printed from your Moodle account.
9. Attach a completed academic checklist signed by your academic advisor. If you are a transfer student, attach a copy of your degree audit from the Registrar's office.
10. Attach a 300-word essay addressing the following issues:
    - Experiences that influenced your desire to become a teacher
    - Personal beliefs in educating students reflecting the School of Education's Mission Statement
11. *Please note: Application for TEP and Student Teaching should **NOT** be done at the same time.* ***Per ISBE guidelines, you must be fully admitted to TEP at least one full semester before student teaching.***

ALL of the above information and materials must be submitted together to the School of Education. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED. Please put this in campus mail or mail to:

School of Education
1800 College Avenue
Quincy, IL 62301

QUINCY UNIVERSITY
School of Education

TEACHER EDUCATION PROGRAM APPLICATION

OFFICE USE ONLY
BST ____ GPA ____
DISP. ____TRANS. ____
REC. 1 _____ 2 _____
ESSAY ____ BGCK _____
AUDIT/CKLIST _____
GEN. EDS. _____
PRE-PROF. _____
ACCEPT / DENY
NOTES: _____
_____
_____

Date application completed: _____

Semester in which you plan to **student teach:** Fall 20_____ Spring 20____

☐ *Initial Application*

☐ *Reapplication* **** Attach a separate document explaining the reason you are re-applying, including previous deficiencies cited and how they have been addressed.***

Check one: ☐ ***Undergraduate*** ☐ ***PDP***

Personal Information

Name:_____ Date of Birth:_____
Last, First

Student ID#:_____Cum. GPA_____ Cell Phone:_____ SS#_____

Address @ QU:_____
Street City, State Zip Phone

Home Address:_____
Street City, State Zip Phone

QU Email _____Non-QU email _____ Advisor Name _____

∇ Do you intend to teach at a high needs school? ☐ Yes ☐ No ☐ Uncertain

∇ **Teacher Certification Area**

□Elementary (K-9)
□Special Education (K-12): LBS I
□Special (K-12): Music Instrumental
□Special (K-12): Music Vocal
□Special (K-12) Physical Education
□Secondary (6-12) Language Arts
□Secondary (6-12) Social Science: History
□Secondary (6-12) Mathematics
□Secondary (6-12) Physical Education
□Secondary (6-12) Science: Biology

Please note that you will be assessed on your disposition from the first pre-professional course.
The Admission and Retention Committee may require an interview as needed.
You will not be accepted if you fail to meet any of the stated requirements.

Any information stated on this form should be true and factual. Altered transcript copies, false information, or erroneous attachments will render this application null and void. Further action, including academic suspension, may be the result of falsified information submitted with this application.

Your Signature

I realize that it is my responsibility to meet all prerequisites for acceptance to the Teacher Education Program; I certify that all of the information provided is true and complete to the best of my knowledge.

Candidate's Signature: _____ **Date:** _____

Advisor's Signature

I have reviewed the qualifications & eligibility of the above applicant and recommend him/her to the Teacher Education Program.

Advisor's Signature: _____ ***Date:*** _____

Quincy University School of Education

Request for Reference

Statement of Recommendation for a Candidate

Candidate Name (Print)_____ Date_____

Application: ☐ Teacher Education Program ☐ Student Teaching

Name of Recommending Individual: _____

To the Recommending Individual:

- **Please return this form to the student requesting the reference, or if you wish to not have the student review your statement, please send it directly to the School of Education office – 1800 College Ave., Quincy, IL 62301, or fax 217-228-5418.**

- **Directions:** This **reference form** will be used to provide the **School of Education Admission and Retention Committee** with pertinent information. Please place an **X** in the box that most accurately indicates the degree of competency of this applicant:

Behavior and Aptitude of Candidate

4= Consistently 3= Usually 2= Sometimes

1= Seldom/Rarely NA= No opportunity to observe

Evaluation Criteria	**4**	**3**	**2**	**1**	**N/A**
1. Is self confident	☐	☐	☐	☐	☐
2. Exhibits appropriate interpersonal skills	☐	☐	☐	☐	☐
3. Demonstrates leadership abilities	☐	☐	☐	☐	☐
4. Is resourceful and creative	☐	☐	☐	☐	☐
5. Is responsible	☐	☐	☐	☐	☐
6. Works cooperatively with others in pursuit of a task/goal	☐	☐	☐	☐	☐
7. Demonstrates a caring, positive attitude	☐	☐	☐	☐	☐
8. Is goal oriented, produces quality work	☐	☐	☐	☐	☐
9. Demonstrates effective oral communication	☐	☐	☐	☐	☐
10. Demonstrates effective written communication	☐	☐	☐	☐	☐
11. Is dependable	☐	☐	☐	☐	☐
12. Goes beyond minimal expectations	☐	☐	☐	☐	☐
13. Is receptive to and implements feedback	☐	☐	☐	☐	☐
14. Maintains high ethical standards	☐	☐	☐	☐	☐
15. Demonstrates appropriate decision making skills	☐	☐	☐	☐	☐
16. Exhibits self-discipline	☐	☐	☐	☐	☐
17. Demonstrates tolerance and open mindedness	☐	☐	☐	☐	☐

Candidate Name: _____ Recommendation Pg. 2

Application: ☐ Teacher Education Program ☐ Student Teaching

How long have you known this applicant?

In what capacity?

This candidate's greatest strength is:

Overall potential as a Candidate: □ Excellent □ Good □ Fair □ Poor

Would you be pleased to have this candidate teach/work with your child? □ **YES** □ **NO**

Any additional Comments and Recommendations:

Reference Signature:_____ Date:_____

Printed Name:_____Organization/Position:_____

QU appreciates any and all support given to our candidates. Thank you for your time!

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