



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) and EDU 290 Field Experience I.

***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. Satisfactory/passing grade in EDU 290 Field Experience I.
5. 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.
6. Cumulative Grade Point Average of 2.6 or above
7. Declared major correctly stated on your transcript. Change of major or minor is done through the Registrar's Office.
8. 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.
9. Attach a copy of your transcript showing all of your coursework; this may be printed from your Moodle account.
10. 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.
11. 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
12. *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



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)

☐ Secondary (6-12) Language Arts

☐ Special Education (K-12): LBS I

☐ Secondary (6-12) Social Science: History

☐ Special (K-12): Music Instrumental

☐ Secondary (6-12) Mathematics

☐ Special (K-12): Music Vocal

☐ Secondary (6-12) Physical Education

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

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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