

TEACHER EDUCATION PROGRAM APPLICATION

Fall semester: Applications are due by September 15th or the next business day. Spring semester: Applications are due by February 15th or the next 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)

Use this as a checklist when completing your application to the Teacher Education Program, submit all materials together.

- Create an ELIS (Educator License Information System) account with Illinois State Board of Education [https://sec3.isbe.net/IWASNET/login.aspx].
- 2. Completed ENG 111, ENG 112, and one of the pre-professional courses (EDU 213, 214, 240, SPE 229) with a grade of "C-" or better
- 3. Completed at least 12 hours from the following coursework with a grade of "C-" or better:

ENG 200 + EDU 213 EDU 214 EDU 240 SPE 229 COM 101 HIS 111 or 112 POL 200 PSY 100 PSY 236

- 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. Attach a copy of your receipt to this application. Official results are mailed to the School of Education.
- 5. Cumulative Grade Point Average of 2.6 or above. Grade of "C-" or better on all coursework required for licensure Check Teacher Education Handbook for specific courses needed for licensure.
- 6. Declared major correctly stated on your transcript. Change of major or minor is through the Registrar's Office and your advisor.
- 7. Include <u>two</u> 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. You can collect these recommendations and/or have the person submit directly to the School of Education to the attention of Dr. Glenda McCarty.
- 8. Attach a copy of your transcript showing all of your coursework; this may be printed from your QU Portal.
- Attach a completed academic degree 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

ALL of the above information and materials must be submitted together to the School of Education, Francis Hall 320.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

Please turn in your completed application to:

Quincy University

School Of Education's Office

Francis Hall, Room 320



Advisor's Signature:__

TEACHER EDUCATION PROGRAM APPLICATION

Date application completed:			
Semester in which you plan to student teach : Fa	ıll 20	- Spring	120
Reapplication * Attach a separate document expla	ining the reaso	n you are re-app	lying.
Personal Information			
Name:		Date of B	irth:
Last, First	_		-
Student ID#:	Cum. GP/	١	Cell Phone:
SS#	!	ELIS#	
Address @ QU:			
Street	City, State	Zip	Phone
Home Address:	City, State	Zip	Phone
QU Email:			
 ▼ Teacher Licensure Area □Early Childhood (Birth – 2nd) □Elementary (1-6) □Middle School (5-8) □ Literacy □ Math □ Science □ Social Science 	□Seconda □Seconda □Seconda	iry (9-12) En iry (9-12) His iry (9-12) Ma Education (P	
Any information stated on this form should be true at attachments will render this application null and void. falsified information submitted with this application.			
Your Signature I realize that it is my responsibility to meet all prerequisites information provided is true and complete to the best of my known and complete	-	e to the Teach	er Education Program; I certify that all of the
Candidate's Signature:	D	ate:	
Advisor's Signature			
I have reviewed the qualifications & eligibility of the above appli	icant and recon	nmend him/her to	o the Teacher Education Program.

Date: ____

Quincy University School of Education

Request for Reference Statement of Recommendation for a Candidate

Date

- Please return this form to the student requesting the reference, or please send it directly to the School of Education office 1800 College Ave., Quincy, IL 62301, or email to mccargl@quincy.edu.
- Directions: This reference form will be used to provide the School of Education Teacher Education

 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					
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					
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					

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Candidate Name:	Recommendation Pg. 2
Application: ☐ Teacher Education Program ☐ Student	eaching
How long have you known this applicant?	
In what capacity?	
This candidate's greatest strength is:	
Overall potential as a Candidate: □ Excellent □ Goo	d □ Fair □ Poor
Would you be pleased to have this candidate teach/work with	vour child? ¬ VFS ¬ NO
Would you be pleased to have this candidate teach/work with	your child?
Would you be pleased to have this candidate teach/work with Any additional Comments and Recommendations:	your child? □ YES □ NO
	your child? □ YES □ NO
	your child? □ YES □ NO
	your child? YES NO
	your child? YES NO
	your child? YES NO
	your child?
	your child? YES NO
	your child? YES NO
	your child?
Any additional Comments and Recommendations:	

Teacher Education Program Application- Revised 08/20/2020

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

Quincy University School of Education

Request for Reference Statement of Recommendation for a Candidate

Candidate Nam	ne (Print)		Date
Application:	☐ Teacher Education Program	☐ StudentTeaching	
Name of Recon	nmending Individual:		
To the Recomm	nending Individual:		

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Teacher Education Program Application- Revised 08/20/2020 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: