Eastern Connecticut State University, School of Education & Professional Studies
Committee on Admission and Retention in Education (CARE)
UNDERGRADUATE Teacher Certification Application for Early Childhood Education
The Integrated Early Childhood/Special Ed., N - K - Elem. 1 - 3 (ECE) Program

Application due date: February 15 to begin fall semester and October 1 to begin spring semester

Students who are applying to the Committee on Admission and Retention in Education (CARE) must read this information cover sheet, make appropriate indications, sign and date it, and submit it with one's application. Admission into the Teacher Education Program at ECSU is selective and competitive. Admission into the program is based on a composite profile of academic performance, recommendation letters, and interview with members of the CARE committee. A limited number of seats are available each semester. Students will be selected from a pool of applicants who have submitted complete applications by the deadline date. It is the applicant's responsibility to make sure the file is complete. Only complete CARE applications will be accepted.

A complete application consists of the following information received by application deadline:

1. This signed cover sheet.
2. Signed and completed application form.
3. Three recommendations (must be on forms provided in this packet).
4. Official undergraduate transcript indicating 3.0 or higher cumulative GPA\(^1\). If applicant attended more than one institution, applicant must submit official transcripts\(^2\) from ALL Universities/Colleges attended AND a GPA Calculation sheet completed and signed by CARE Coordinator.
5. Passing scores on Praxis I CBT or Praxis I PPST OR official CT State Dept. of Education waiver for these tests must be provided by the student at the time of application. See http://www.sde.ct.gov/sde/lib/sde/PDF/Cert/guides/assess_for_cert.pdf for details.
6. Evidence that applicant has completed a background check, including the fingerprinting requirement by a Regional Education Resource Center.
7. As an applicant, you will need to respond to the following questions and provide relevant documentation for any “yes” responses to the Connecticut State Department of Education:
   a. Have you ever been convicted of any crime, excluding minor traffic violations? YES NO
   b. Have you ever been dismissed for cause from any position? YES NO
   c. Have you ever surrendered a professional certificate, license, permit or other credential (including, but not limited to, an education credential); had one revoked, suspended, annulled, invalidated, rejected or denied for cause; or been the subject of any other adverse or disciplinary credential action? YES NO

NOTE: If you answer “YES” to any of the above questions, you must attach a signed statement of explanation. If there are multiple incidents within each question, you must list and explain each separately. Submit official copies of court or administrative record(s), including disposition of each case.

Meeting these requirements does not guarantee admission to the program.

After meeting these requirements, the applicants will be invited for an interview. If you do not receive an application status letter within 2 weeks of the deadline date, please contact the Education Department office in Webb Hall 124, 860-465-4530, to check your application.

The Education curriculum is divided into "Cores." All of the courses in each "Core" are to be taken as a block. Only one "Core" may be taken per semester. The "Cores" are to be taken sequentially. Application should be made during the semester prior to the semester that one wishes to begin Core I of the program.

Early childhood education certification applicants must take the following courses prior to beginning Core I:
   - ECE 215 Foundations of Early Childhood Education
   - PSY 206: Psychology of Childhood

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\(^1\) Any applicant who was admitted to and started taking courses at ConnCSU (any of the 4 Connecticut State Universities, or the 12 Community Colleges or Charter Oak College) prior to the Spring 2014 semester must have a minimum GPA of 2.70.

\(^2\) Transcripts from Eastern Connecticut State University may be unofficial.
It is the responsibility of the applicant to verify that the prerequisites for admission have been fulfilled and that required documentation has been received by the Education Department. Upon receipt of complete application, the applicant will be scheduled for an interview with members of the CARE committee. CARE will notify applicant by mail of its decision and action on application.

**Students with Disabilities**: In order to be certified in the State of Connecticut, all teachers must demonstrate mastery of the Connecticut Teaching Competencies. The Education Department at Eastern Connecticut State University (ECSU) does not discriminate against students with disabilities. In the absence of a formal program at Eastern to address the needs of students with learning disabilities, the Education Department is prepared to make "reasonable accommodations" for students who are admitted into the program. In order that appropriate accommodations may be planned, students in need of special supports are encouraged to inform CARE as early as possible.

Eastern Connecticut State University is committed to following the requirements of the Americans with Disabilities Act and Section 504 of the Rehabilitation Act. If you are a student with a disability (or think you may have a disability), and require adaptations or accommodations, or assistance evacuating a building in the case of an emergency, please contact the Office of AccessAbility Services (OAS) at 860-465-0189 to discuss your request further. Any student registered with the OAS should contact the instructor as soon as possible for assistance with classroom accommodations. Please note that accommodations are not retroactive, and must be communicated through a Letter of Accommodation which is drafted by the OAS.

I have read the above information and understand the requirements. *(This form supersedes requirements in the catalog and on previous forms.)*

Signature: ___________________________  Date: ______________

Rev. 5/14
**APPLICATION FOR TEACHER CERTIFICATION PROGRAM**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First</th>
<th>Middle</th>
<th>Student ID Number</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Other Name, (if applicable)</th>
<th>Current Contact Telephone Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Current Contact Mailing Address or P.O. Box Number (for application status notification within three weeks of application deadline)</th>
<th>Other Contact Telephone Number</th>
</tr>
</thead>
</table>

| City, State, Zip Code | Eastern email account address preferred; other email address |

I would like to be certified to teach: (check one)

- [X] Early Childhood Education
- [ ] (other) ______

I wish to be considered for the ECE articulation agreement: (circle one)  
- [ ] YES  
- [X] NO

I have successfully completed an Associate’s Degree in ECE at a Connecticut community college. (check one)  
- [ ] YES  
- [ ] NO

Community College: _________________________________________

Month/year of graduation: _____________________________________

Please be sure to include an official transcript from the community college.

- Academic Major of Bachelor's Program: __________________________
- Semester started at a ConnCSU institution (any of the 4 Connecticut State Universities, or the 12 Community Colleges or Charter Oak College): __________________________

Institutions and degrees of higher education; enter cumulative GPA:

- __________________________________________
- __________________________________________
- __________________________________________

Check the following where applicable:

- [ ] I have passed Praxis I CBT or Praxis I PPST. (date: _________)
  **You must provide us with copies of your passing scores by the CARE application deadline.**

- [ ] I was waived from Praxis I CBT or Praxis I PPST. (SDE waiver letter required. See [http://www.state.ct.us/sde/dtt/cert/guides/assess_for_cert.pdf](http://www.state.ct.us/sde/dtt/cert/guides/assess_for_cert.pdf) for details.)

Demographic information (check appropriate areas):

- Male:__________  Female:__________
- Asian/Pacific Islander:__________  Black:__________  Hispanic/Latino:__________  Native American:__________  White, non-Hispanic:__________  Other (specify):__________
List names and addresses of three references. Undergraduate student references must be as follows: Major Professor (1); Liberal Arts Professor (1); Professional Educator – a professional who works in a school or other educational setting (1). (All references should comment on the applicant's potential as a teacher.) Applicants must give the recommendation forms attached to this application to their references. Please do not have relatives complete the reference forms. Please read and sign the confidentiality waiver statement.

Application will not be acted upon until all three recommendation forms are in the Education Office. Recommendations need to be in the Education Office by the application deadline for applicant consideration.

Name | Position | Address
--- | --- | ---
1. | | |
2. | | |
3. | | |

List any education courses you have taken or are taking (either at ECSU or other institution):

<table>
<thead>
<tr>
<th>Course</th>
<th>Institution</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>ECE 215: Foundations of ECE</td>
<td>Eastern CSU</td>
<td></td>
</tr>
<tr>
<td>PSY 206: Psychology of Childhood</td>
<td>Eastern CSU</td>
<td></td>
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<td></td>
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</tbody>
</table>

Indicate below if there are any special circumstances or issues you wish to draw to the attention of the Committee on Admission and Retention in Education.

Seeking admission for __________ semester of __________ (year).

Name ____________________________ Date ____________
RECOMMENDATION FORM

Name of Candidate: _______________________________________________________

Semester/Year: ___________________ Program ____________________

Confidentiality: I waive my rights to review the letters of recommendation in my CARE file.

Candidate’s Signature: ___________________________________________________

Name of Person Making the Recommendation: _____________________________________

Professional Relationship with Candidate (please check one of following)

___ Major Professor
___ Liberal Arts Professor
___ Professional Educator (Title: ____________________)

Please provide a rating of this student's qualities on the scale below. Please rate this student as a "potential teacher".

“1” represents the low end of the scale (fails to meet criteria)

“5” represents the high end of the scale (exceeds criteria).

The candidate demonstrates: Target Acceptable Unacceptable

LEARNER ATTRIBUTES

Competence in reading/writing 5 4 3 2 1

Critical thinking (oral/written) 5 4 3 2 1

Intellectual 5 4 3 2 1

Comments: ____________________________________________________________________

RESPONSIBILITY TO LEARNING

Capacity to accept and use new ideas 5 4 3 2 1

Maturity and reliability 5 4 3 2 1

Preparedness for class 5 4 3 2 1

Initiative and leadership 5 4 3 2 1

Enthusiasm for learning 5 4 3 2 1

Comments: ____________________________________________________________________

CHARACTER ATTRIBUTES

Willingness to work with others 5 4 3 2 1

Ability to communicate with others 5 4 3 2 1

Concern and respect for others 5 4 3 2 1

Openness to difference/diversity 5 4 3 2 1

Comments: ____________________________________________________________________

Signature________________________________________Date__________________

Return to student in a sealed envelope.
RECOMMENDATION FORM

Name of Candidate: _________________________________________________________
Semester/Year: ___________________ Program_____________________
Confidentiality: I waive my rights to review the letters of recommendation in my CARE file.
Candidate’s Signature: ___________________________________________

Name of Person Making the Recommendation: _____________________________
Professional Relationship with Candidate (please check one of following)
___ Major Professor
___ Liberal Arts Professor
___ Professional Educator (Title: __________________________)

Please provide a rating of this student's qualities on the scale below. Please rate this student as a "potential teacher". “1” represents the low end of the scale (fails to meet criteria)
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The candidate demonstrates: Target Acceptable Unacceptable

LEARNER ATTRIBUTES

| Competence in reading/writing | 5 | 4 | 3 | 2 | 1 |
| Critical thinking (oral/written) | 5 | 4 | 3 | 2 | 1 |
| Intellectual | 5 | 4 | 3 | 2 | 1 |

Comments: __________________________________________________________________

RESPONSIBILITY TO LEARNING

| Capacity to accept and use new ideas | 5 | 4 | 3 | 2 | 1 |
| Maturity and reliability | 5 | 4 | 3 | 2 | 1 |
| Preparedness for class | 5 | 4 | 3 | 2 | 1 |
| Initiative and leadership | 5 | 4 | 3 | 2 | 1 |
| Enthusiasm for learning | 5 | 4 | 3 | 2 | 1 |

Comments: __________________________________________________________________

CHARACTER ATTRIBUTES

| Willingness to work with others | 5 | 4 | 3 | 2 | 1 |
| Ability to communicate with others | 5 | 4 | 3 | 2 | 1 |
| Concern and respect for others | 5 | 4 | 3 | 2 | 1 |
| Openness to difference/diversity | 5 | 4 | 3 | 2 | 1 |

Comments: __________________________________________________________________

Signature________________________________________Date__________________

Return to student in a sealed envelope.
**RECOMMENDATION FORM**

Name of Candidate: _________________________________________________________

Semester/Year: __________________ Program: __________________________

Confidentiality: I waive my rights to review the letters of recommendation in my CARE file.

Candidate’s Signature: _________________________________________

Name of Person Making the Recommendation: ________________________________

Professional Relationship with Candidate *(please check one of following)*

- [ ] Major Professor
- [ ] Liberal Arts Professor
- [ ] Professional Educator (Title: _________________________)

Please provide a rating of this student's qualities on the scale below. Please rate this student as a "potential teacher". “1” represents the low end of the scale (fails to meet criteria) and “5” represents the high end of the scale (exceeds criteria).

<table>
<thead>
<tr>
<th>The candidate demonstrates:</th>
<th>Target</th>
<th>Acceptable</th>
<th>Unacceptable</th>
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<tbody>
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<td><strong>LEARNER ATTRIBUTES</strong></td>
<td></td>
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<td>3</td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| **RESPONSIBILITY TO LEARNING** |        |            |              |
| Capacity to accept and use new ideas | 5      | 4          | 3            | 2            | 1           |
| Maturity and reliability      | 5      | 4          | 3            | 2            | 1           |
| Preparedness for class        | 5      | 4          | 3            | 2            | 1           |
| Initiative and leadership     | 5      | 4          | 3            | 2            | 1           |
| Enthusiasm for learning       | 5      | 4          | 3            | 2            | 1           |
| Comments:                     |        |            |              |              |             |

| **CHARACTER ATTRIBUTES**      |        |            |              |
| Willingness to work with others | 5      | 4          | 3            | 2            | 1           |
| Ability to communicate with others | 5      | 4          | 3            | 2            | 1           |
| Concern and respect for others | 5      | 4          | 3            | 2            | 1           |
| Openness to difference/diversity | 5      | 4          | 3            | 2            | 1           |
| Comments:                     |        |            |              |              |             |

Signature: __________________________ Date: ____________________

Return to student in a sealed envelope.