Application Due Dates (Please Circle One): October 1 (for Spring) February 15 (for Fall)

FOR TRANSFER STUDENTS AND POST-BACCALAUREATE ONLY: August 1 January 5

If application deadline falls on a weekend or Eastern Connecticut State University scheduled holiday, the application deadline will be moved to the close of the Education Department office on the next business day.

Students who are applying to the Committee on Admission and Retention in Education (CARE) must read this information cover sheet, sign and date it, and submit it with one's application. Admission into the Teacher Education Program at Eastern 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 and NO applications will be accepted after the deadline.

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) and submitted in sealed envelopes.
4. Official Undergraduate Transcript Indicating 3.0 or higher cumulative GPA. If Applicant attended more than one institution, applicant must submit official transcripts from ALL Universities/Colleges attended AND GPA Calculation sheet completed and signed by CARE Coordinator.
5. Passing score 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.state.ct.us/sde/dtl/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. Please submit Fingerprint Verification Letter.
7. As an applicant you will need to respond to the following questions and provide relevant documentation for and “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.
8. Physical Education applicants must complete, or be enrolled in the following courses prior to applying:
   EDU 200: Child and Adolescent Development & Exceptionalities
   EDU 210: Foundations of US Education or EDU 357: International cross-cultural education
   HPE 230: Introduction to Physical Education
   HPE 240: Introduction to Physical Education Curriculum Materials
   HPE 328: Applied Anatomy and Physiology
   If applicant has taken courses at another institution, they must have transferred into Eastern as the above mentioned courses or be accompanied by a letter from the program coordinator (Dr. Robert).

Meeting these requirements does not guarantee admission to the program.

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 submit a complete application! Upon receipt of complete application, the applicant will be scheduled for an interview with members of the CARE committee and the Education Unit. CARE will notify applicant by e-mail of its decision and action after interviews have been conducted and CARE has met to review all applicants and programmatic restrictions. Prior to being accepted, applicants are to register for courses as though they are **NOT** accepted into the certification program. If accepted, candidate will then be permitted to register for certification courses.

**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: __________________

Reminder: To apply for student teaching, one must already be accepted into the teacher certification program by CARE. Applications for student teaching are due within the first WEEK of the semester prior to student teaching.
EASTERN CONNECTICUT STATE UNIVERSITY
SCHOOL OF EDUCATION AND PROFESSIONAL STUDIES
APPLICATION FOR PHYSICAL EDUCATION TEACHER CERTIFICATION PROGRAM

Last Name                  First                  Middle                  Student ID Number

_______________________________________                        _______________________
Other Name, (if applicable)                  Current Contact Telephone Number

_______________________________________                        _______________________
Current Contact Mailing Address or P.O. Box #                  Other Contact Telephone Number
(for application status notification within three weeks of application deadline)

_______________________________________                        _______________________
City, State, Zip Code                  Eastern email account address

• Academic Major of Bachelor's Program: ________________________________
• Check one: _________ Undergraduate _________ Postbaccalaureate
• Semester started at a ConnCSU institution (any of the 4 Connecticut State Universities, or the 12 Community Colleges or Charter Oak College): ________________________________

Institutions attended 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 with the CARE application.

__________ I was waived from Praxis I CBT or Praxis I PPST. (SDE waiver letter required)

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 or 2); Liberal Arts Professor (1); Professional Educator – a professional who works in a school or other educational setting (0 or 1), Eastern Coach (0 or 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 and collect them when completed in sealed envelopes. Please do not have relatives complete the reference forms. Please read and sign the confidentiality waiver statement.

Application will not be accepted until all three recommendation forms are submitted in sealed envelopes. **Recommendations must be submitted with your complete application in the Education Office by the application deadline for applicant consideration.**

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<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Address</th>
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<tbody>
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<td>1.</td>
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<td>2.</td>
<td></td>
<td></td>
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<tr>
<td>3.</td>
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List any education courses you have taken or are taking (either at Eastern or other institution):

<table>
<thead>
<tr>
<th>Course</th>
<th>Institution</th>
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<tr>
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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

__________________________________________________________________________
Signature
# 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: __________________________)*
- ___ Eastern Coach

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).

**NOTE:** If you must respond with “NA” in more than one category, PLEASE return form to the student.

<table>
<thead>
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<th>The candidate demonstrates:</th>
<th>Target</th>
<th>Acceptable</th>
<th>Unacceptable</th>
</tr>
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<tbody>
<tr>
<td><strong>LEARNER ATTRIBUTES</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Competence in reading/writing</td>
<td>5</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Critical thinking (oral/written)</td>
<td>5</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Intellectual curiosity</td>
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<td>3</td>
</tr>
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**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 in harmony 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: Applicant in a sealed envelope.

Rev.5/14
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 : ____________________________)
___ Eastern Coach

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).

NOTE: If you must respond with “NA” in more than one category, PLEASE return form to the student.

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| 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 in harmony with others | 5     | 4          | 3            | 2            | 1            |
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| Concern and respect for others  | 5     | 4          | 3            | 2            | 1            |
| Openness to difference/diversity| 5     | 4          | 3            | 2            | 1            |
| Comments: __________________________________________________________________|

Signature________________________________________Date__________________

Return to applicant 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 : _________________________)
___Eastern Coach

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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NOTE: If you must respond with “NA” in more than one category, PLEASE return form to the student.

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 curiosity 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
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Comments: __________________________________________________________________

CHARACTER ATTRIBUTES

Willingness to work in harmony with others 5 4 3 2 1
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Comments: __________________________________________________________________

Signature________________________________________Date__________________

Return to applicant in a sealed envelope.