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 Eastern Connecticut State University 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. Graduate applicants must also complete the Graduate Division admissions process; please call the Graduate Division at 860-465-0078 or email: GraduateAdmissions@easternct.edu for information on the graduate admissions and enrollment process. Candidates 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 2.7 or higher cumulative GPA. If Applicant attended more than one institution, applicant must submit official transcripts from ALL Universities/Colleges attended.
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.

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 application deadline, please contact the Education Department office in Webb Hall 124, 860-465-4530 to check your file.
**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: ________________
**APPLICATION FOR TEACHER CERTIFICATION PROGRAM**

<table>
<thead>
<tr>
<th></th>
<th>Last Name</th>
<th>First</th>
<th>Middle</th>
<th>Student ID Number / Social Security Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Name, (if applicable)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Current Contact Mailing Address or P.O. Box Number**  
(for application status notification within three weeks of application deadline)

<table>
<thead>
<tr>
<th>Current Contact Telephone Number</th>
<th>Other Contact Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

City, State, Zip Code

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

- [ ] NK-3 Early Childhood Education
- [ ] 1-6 Elementary Education
- [ ] 7-12 Secondary:  
  - English
  - Math
  - History/Social Studies
  - Biology
  - Environmental Earth Science
- [ ] PK-12 Physical Education

Academic Major of Bachelor's Program: ___________________________________

Institutions and degrees earned, enter cumulative GPA:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

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>
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</tbody>
</table>

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**)
Demographic information (check appropriate areas):

Female:__________ Male:__________
Asian/Pacific Islander __________
Black __________
Hispanic/Latino __________
Native American __________
White, non-Hispanic __________
Other (specify) __________

U.S. Veteran Status _________ (check if you are a veteran)

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.

Three letters of recommendations must be in the Application Packet

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
</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 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**

<table>
<thead>
<tr>
<th>Competence in reading/writing</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical thinking (oral/written)</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Intellectual</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

Comments: __________________________________________________________________

**RESPONSIBILITY TO LEARNING**

<table>
<thead>
<tr>
<th>Capacity to accept and use new ideas</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maturity and reliability</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Preparedness for class</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Initiative and leadership</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Enthusiasm for learning</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

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.
EASTERN CONNECTICUT STATE UNIVERSITY
EDUCATION UNIT - Committee for Admission and Retention in Education (CARE)

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.
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).

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<th>Unacceptable</th>
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Comments: __________________________________________________________________

Signature __________________________________ Date ____________________

Return to student in a sealed envelope.