



EASTERN CONNECTICUT STATE UNIVERSITY
A Liberal Education. Practically Applied.

Request for Teacher Certification Recommendation

Instructions/Checklist of Required Documents for Eastern Connecticut State University:

1. Complete this form, Eastern's *Request for Teacher Certification Recommendation*.
2. Complete "Page 1" only of the *ED 170A* Short Form Application for Connecticut Initial Educator Certificate.

Submit both forms along with:

- 3. A copy of *PRAXIS Core, SAT, ACT or GRE scores (if not in CARE file).
- 4. *PRAXIS II passing scores (ECE applicants need Copy of Early Childhood Test.)
*If you requested that Eastern receive your PRAXIS scores, we will have them on file.
- 5. A copy of Foundations of Reading Test Score Report (Elementary & ECE applicants only).
- 6. Transcripts from any (non-Eastern) institution that you attended.
- 7. A copy of First Aid Card (Physical Education applicants only).
- 8. A copy of Student Teaching Clock Hours Form with totals.
- 9. EdTPA Scores required beginning Fall 2018.
- 10. Evidence of completed Dyslexia Module required beginning Fall 2018.

Please submit items 1-10 to the Office of the Dean, School of Education and Professional Studies, Charles R. Webb Hall, Room 160. Application packets missing any of the required items 1-10 will not be processed.

The Dean's Office will return the completed ED 170A Short Form to you. Once you have received it, you will need to mail the form, along with the items listed on the CT SDE checklist, directly to the CT Department of Education.

Teacher Candidate Information:

Full Name: _____
(Please include first, middle, last, and all former names.)

Eastern Student ID#: _____ Social Security #: _____

Praxis ID#: _____ Date of Birth: _____

Contact Information (*This information must be valid for the next 90 days.*)

Full Permanent Mailing Address: _____

(Please include street address or P.O. Box, city, state, and zip code.)

Eastern Email Address: _____

Personal Email Address: _____

Home Phone: _____ Cell Phone: _____





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Teacher Candidate Program Information:

Certification Program: _____
(e.g., Early Childhood Education, Physical Education, Secondary Education/Mathematics, etc.)

Please check/complete one:

_____ Undergraduate Student Non-Education Major(s): _____

_____ Graduate Student

1st Student Teaching Placement: **Please enter your EXACT dates for student teaching (start and end): mm/dd/yyyy**

School: _____ City: _____

Grade/Subject: _____ *Exact* Dates: _____ to _____

Cooperating Teacher: _____

2nd Student Teaching Placement (HPE) or Special Education Practicum (ECE). If you do not list both placements, your application may be delayed. **Please enter your EXACT dates (start and end): mm/dd/yyyy**

School: _____ City: _____

Grade/Subject: _____ *Exact* Dates: _____ to _____

Cooperating Teacher: _____

Upon completion of the certification recommendation process, the *ED 170A Short Form Application for Connecticut Initial Educator Certificate* will be returned to the applicant. Please select the option below for returning the ED 170A:

1. _____ Mail to Applicant
2. _____ Applicant will pick up the form from the Office of the Dean.

For applicants selecting Option #2, notification will be made by telephone. Applications not retrieved within five (5) days of the initial telephone call will be mailed to the permanent address provided on the front of this form.

Please allow a minimum of two weeks for Eastern processing.

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