

INSTRUCTIONS FOR COMPLETING THE
APPLICATION FOR TEACHER CANDIDACY
(DUE DATES: FALL CANDIDACY-FEBRUARY 1, SPRING
CANDIDACY-SEPTEMBER 15)

Note: Completed application must be submitted typed or neatly printed in black to the School of Education Office Coordinator in G212.

Part I Teacher Candidate Personal Data

This form is sent to you directly from the School of Education. Fully complete the background information and return to the School of Education Office Coordinator electronically. Additionally, prepare a professional resume to send along with this form. This page and a copy of the resume are sent to the cooperating principal(s) and teacher(s) to supply general information about you.

Please note - After your assignment is announced, you are expected to write a letter of introduction to your cooperating teacher(s). If you need assistance with this letter, contact Career Services or the Director of Teacher Education for help.

Part II Background Check

This form while it repeats information from Part I, must be fully completed. Background checks are required on all teacher candidates and interns.

Part III Placement Information

It is imperative that students share any circumstances/suggestions regarding your placement for teacher candidacy.

Part IV Responsibilities

It is important that you read the following carefully. You must demonstrate your readiness for teacher candidacy and fully accept this responsibility. If you are having some doubts about your preparation, please contact your advisor or the Director of Teacher Education for counsel.

Disclosure Questionnaire Please complete both pages as directed. (after part V)

Part V Documentation of Exit Requirements *Note: Only some information is completed by the candidate.*

1. **Complete personal and academic information.**
2. **Prepare portfolio to be presented/submitted at the time of meeting with the GW cc`cZ9Xi WUjcb.** (See Appendix F, Portfolio Guidelines and Rubric)
3. **Note your scheduled portfolio presentation times.** Dates and times are posted on the Director of Teacher Education's door, outside of the Education office and/or with WLC calendar planner.
4. **A faculty recommendation:** Submit a faculty members name from the major/minor who can best attest to your academic preparation. The School of Education contacts that faculty member to directly respond.
5. **Present your portfolio.** This is a presentation to ascertain your readiness for teacher candidacy. The candidate for this clinical experience must demonstrate readiness in knowledge, skills, and disposition for teacher candidacy. The department members complete the "assessment of readiness" form at the portfolio meeting.

Presentation and Portfolio Release Form

Please complete and return with your Application for Teacher Candidacy.

Health Form WLC form attached which must be completed within 30 days of the first day of teacher candidacy. The Wisconsin Lutheran College School of Education cannot in good conscience allow teacher candidates to begin their professional semester without first obtaining a negative TB test. These health results are shared with the cooperating schools.

***Copy all pages for your own records.**



Application for Teacher Candidacy
Wisconsin Lutheran College WCC Education

Name Last First Middle Date

Students are notified officially of their assignments prior to or at the orientation meeting scheduled before the start of school. Students register at the regular registration

Table with 2 columns: Grade Level Certification, Specialization Area. Rows include Early Childhood/Middle Childhood, Middle Childhood/Early Adolescence, Early Adolescence/Adolescence, and Early Childhood thru Adolescence(WR). Each row has a certifiable: yes/no (Praxis II met) field.

Requirements

- 1. Academic
a. A minimum overall GPA of 3.0 in the major (subject and/or professional sequence) and minor.
b. A minimum grade of BC in all teacher education courses (removal of all failure or D grades)
c. No "Incomplete" grades or unfinished online or correspondence courses upon start of teacher candidacy.
d. No Wisconsin Lutheran College probation of any kind.
2. Successful completion of all courses for licensure area.
3. Successful completion of all clinical experiences.
4. Successful participation in Portfolio Preparation Seminar
5. First Aid/CPR certificate (attach documentation if not contained in your EDU file).
6. Liability Coverage

I have reliable transportation to and from my teacher candidacy assignment and the vehicle I will be using is fully insured.

I declare that, during my teacher candidacy assignment, I am fully covered by personal liability insurance provided by

Believing that I have met the above requirements, I hereby apply for admission to EDU 495 Teacher Candidacy.

Signature of Teacher Candidate Date



I. Teacher Candidate Personal Data

This form along with a copy of your resume is sent to your cooperating school(s).

Name:	Major / Minor (if applicable):
High School Attended:	Other Colleges Attended:
Dates:	Dates:
Student Address at College:	Student Home Address:
Phone:	Phone:
Email:	Email:

Employment and volunteer experiences:

Activities—Interests, hobbies, college and community organizations, teams, music groups:

Teaching experiences prior to teacher candidacy:

Travel experiences:

Permission to copy:

Wisconsin Lutheran College has my permission to give a copy of this Teacher Candidate Personal Data Form to school personnel concerned with making teacher candidacy placements.

Signature _____ Date _____



II. Application For Clinical Experiences: Background Check

NOTE: This information is necessary to complete the background check. Your birthdate and social security number are not given to other parties.

Fall 20 _____ Spring 20 _____

Check One:

Name: Mr. Mrs. Miss Ms.
Last First M.I. Former Name(s)

Alias: _____

School Address: _____
Street City State Zip

Home Address: _____
Street City State Zip

Birthdate: _____ SS # _____ Ethnicity: _____ Gender: _____

Phone: _____ (Home) _____ (Work) _____ (Cell)

OUT OF STATE

Have you lived, worked or studied outside of the state of Wisconsin in the past 20 years? _____ yes _____ no
If **yes**, please give specific address(es) and circumstances.

<u>EDUCATION:</u>	Name	City & State	Dates Attended
High School	_____	_____	_____
Other Colleges	_____	_____	_____

Certification Area: _____

Release Signature	
I hereby understand that the above information is being used to investigate my background.	
_____ (signed)	_____ (date)

IV. Teacher Candidate Responsibilities Agreement

Please read, initial after each point and sign below:

If I am accepted in the Teacher Candidacy Program, it is understood that I am responsible for:

- | | INITIAL |
|---|---------|
| 1. Keeping a continuous and accurate check of my overall program as to the required courses in my Major(s) and Minor(s) area, the general education requirements, and all other requirements for graduation and certification. | _____ |
| 2. Arranging for a visit to the cooperating school upon confirmation of the assignment for the purpose of meeting and conferring with the principal and cooperating teacher(s) with whom I am assigned during the teacher candidacy program. | _____ |
| 3. Thoroughly preparing all unit and daily lesson plans that are to be submitted to the cooperating teacher for appraisal and approval. | _____ |
| 4. Being punctual and attending school every day; communicating with the principal, teacher, and the supervisor in the event of any absence or unavoidable tardiness. | _____ |
| 5. Participating in such professional activities, including parent meetings and sponsorship of school activities, as requested by the principal and cooperating teachers. | _____ |
| 6. Completing the daily journals and any other required reports, regularly, thoroughly, and on time. | _____ |
| 7. Attending EDU 496 Seminar for Teacher Candidacy and participating as a professional. | _____ |
| 8. Conducting myself, both in the school and community, in a manner that reflects favorably upon Wisconsin Lutheran College, the teaching profession and, Christian character and integrity. | _____ |
| 9. Planning for and preparing of my Stage 4-Completion Portfolio to clearly demonstrate growth in my knowledge, skills, and dispositions as brought forth through the teacher candidacy experience; I understand that it is my responsibility to demonstrate student learning as a result of my teaching. | _____ |
| 10. Collecting samples/examples of materials such as journal entries, assessment, communication, lesson plans, and instructional technology which demonstrate growth over time and contribute to instructional effectiveness. | _____ |

(Points 9 and 10 must be presented at the Exit Meeting with your supervisor.)

I understand the importance of teacher candidacy and my commitment to both the cooperating teacher(s) and the students. I assume responsibility for participating in college activities and/or working part time while a teacher candidate may affect my success in the classroom.

Date

Signature of Teacher Candidate



V. Documentation of Exit Requirements

Student Name: _____

Coursework Information: *Supply ONLY major/minor labels; the rest is completed by the School of Education administrative assistant.*

1. *Academic Major:* _____

Completion of coursework (as of end of semester) _____ yes ___ no
Grade Point Average (approximate GPA) _____

2.. *Education Major (ECH/MC; MC/EA; EA/A; WR):* _____

Completion of coursework (as of end of semester) _____ yes ___ no
Grade Point Average (approximate GPA) _____

3. *Academic Major/Minor:* _____

Completion of coursework (as of end of semester) _____ yes ___ no
Grade Point Average (approximate GPA) _____

Specific Criteria: *This section is completed by School of Education administrative assistant.*

1. Health Form

Completion within required time frame _____ yes ___ no

General Health--satisfactory _____ yes ___ no

Accommodations/Limitations to be shared with cooperating school
Specifics: _____ yes ___ no

TB Test Results--acceptable _____ yes ___ no

2. Disclosure Questionnaire Completion _____ yes ___ no

3. Background check satisfactory _____ yes ___ no

Faculty Recommendation: *Supply ONLY the name of a professor. The School of Education administrative assistant forwards this form to that professor.*

Faculty selected by the teacher candidate: _____

(Approval is based on performance and contribution in coursework.)

In my best estimation, the above named candidate **does/does not** (circle one choice) have the content knowledge/skills/dispositions essential for teacher candidacy.

Signed: _____ Date: _____

Additional Comments:

Information that is in italics is supplied by the student.

Education Faculty Assessment of Readiness

_____ The candidate shows above average potential for a successful teacher candidacy experience.

_____ The candidate shows average potential for a successful teacher candidacy experience.

_____ The candidate shows below average potential for a successful teacher candidacy experience.

The School of Education makes recommendation of the following:

_____ Revise and re-present the portfolio, addressing two areas of weakness:

_____ Observe master teachers, concentrating specifically on:

_____ Enroll in _____.

_____ Withdraw from application for teacher candidacy.

_____ is hereby accepted for/denied to teacher candidacy.
(Student Name)

This is to certify that the following members of the School of Education have examined and evaluated the above criteria.

Signature of School of Education Member	Date	Position
Signature of School of Education Member	Date	Position
Signature of School of Education Member	Date	Position
Signature of School of Education Member	Date	Position
Signature of School of Education Member	Date	Position
Signature of School of Education Member	Date	Position
Signature of School of Education Member	Date	Position
Signature of School of Education Member	Date	Position

Additional Comments:



DISCLOSURE QUESTIONNAIRE FOR ADMISSION TO THE TEACHER EDUCATION PROGRAM/TEACHER CANDIDACY

(Must be completed at time of entry into EDU 201 and/or first off-campus field experience. A second form must be completed prior to teacher candidacy.)

INSTRUCTIONS

The School of Education requires applicants for admission to programs leading to a certificate or license to teach, or requiring field placement, e.g. field experience, elementary and/or secondary methods, human relations practicum, or teacher candidacy to complete the following confidential Disclosure Questionnaire. The Disclosure Questionnaire is distributed by and returned to the Director of Teacher Education and is kept separately from your general WLC student file. They are viewed only by the School of Education. The School of Education may need to collect additional information to make their determination. Pertinent decisions and comments are recorded and placed into the student file.

Failure to complete the Disclosure Questionnaire, falsification or omission of information relevant to these questions constitutes the denial of admission or termination of admission if the falsification or omission is discovered after admission or placement.

An affirmative response to an item does not necessarily mean that a student is denied for admission, but is contacted to explain the circumstances leading to the affirmative response. In addition, the School of Education may request further information from appropriate sources. Consent to obtain this information is necessary to continue.

The School of Education takes the information provided/obtained into account in determining whether to admit the student to the program, to postpone admission, or to place special conditions on admission or to provide special accommodations.

In the event a student is denied admission to the program based on responses to the questions below, the student has the right to appeal that decision. Notice of appeal procedure is forwarded to the student in the event of a denial. A copy of the appeal procedure is also available from the office of the Dean of the College of Professional Studies and WLC Student Handbook.

INFORMATION

Name (First, M.I., Last), Student ID, SS #, Previous Name (If Any), Birth date, Alias/Maiden, Ethnicity, Home Address (City, State, Zip), Campus Address (Street Address, City, State, ZIP)

My signature hereon indicates my understanding that misrepresentation of factual information on this Disclosure Questionnaire is cause for denial or revocation of admission to the WLC School of Education, denial, termination or retraction of field experience or teacher candidacy placement, or denial or revocation of certification. I also hereby authorize WLC to conduct the necessary background check.

Student Signature, Date of Signature

Please complete both pages and return to: Director of Teacher Education, Room G236, Wisconsin Lutheran College, 8800 W. Bluemound Road, Milwaukee, WI 53226

File: Student Education File

DISCLOSURE QUESTIONNAIRE

Name _____ SSN _____ Date _____

Attach additional pages as necessary to fully respond to questions below.

		Dept. Initial
1. Have you ever had a teaching license? Has teaching licensure been denied/revoked/suspended in any state in the United States for reasons other than insufficient credits or courses? If "Yes," please describe situation: Is revocation or suspension pending? If "Yes," please describe situation:	Yes No Yes No Yes No	_____ _____ _____
2. Have you ever been suspended, expelled, placed on probation (other than for collegiate skills) or otherwise disciplined by any college or university or from any program of a college or university, either for academic or other reasons? If "Yes," please describe situation:	Yes No	_____
3. Have you ever been terminated for cause from an employment situation? If "Yes," please describe:	Yes No	_____
4. Have you ever been suspended, discharged or otherwise disciplined for conduct relating to the health, welfare, safety, or education of any pupil?	Yes No	_____
5. Have you ever been suspended, discharged, or otherwise disciplined for conduct relating to the breach of commonly accepted moral or ethical standards?	Yes No	_____
6. Have you ever been investigated for any conduct listed in Questions 4 and 5 above?	Yes No	_____
7. Have you ever been under investigation, involved in, convicted of, pled guilty to, pled no contest to, or forfeited bail for any criminal conduct under law or ordinance, or is any such situation pending, excluding minor traffic violations? If "Yes," please describe situation: (Note: The existence of a criminal record or denial, revocation or suspension of a license does not constitute an automatic bar to admission and is considered only as they substantially relate to the duties of the program and eventual license.)	Yes No	_____
8. Have you ever been reported to the state school superintendent for any conduct listed in the above questions?	Yes No	_____
9. Are you able to perform the duties and responsibilities of a field experience or practicum, teacher candidacy, or internship with or without reasonable accommodation? If "Yes, with accommodation" is checked, please describe with what reasonable conditions or circumstances you are able to carry out the duties and responsibilities of the position which you seek: (Note: Wisconsin Lutheran College makes reasonable accommodations.)	Yes w/ accommodation Yes w/o accommodation No	_____

A CRIMINAL HISTORY BACKGROUND CHECK based on information on this form was performed through the WISCONSIN DEPARTMENT OF JUSTICE – CRIME INVESTIGATION BUREAU (<http://wi-recordcheck.org/>).

DATE: _____ **Order Number:** _____ **RESULTS:** _____

CHECK PERFORMED BY: _____ - Wisconsin Lutheran College - School of Education
 8800 West Bluemound Road
 Milwaukee, Wisconsin 53226

 Signature of WLC School of Education Director



Wisconsin Lutheran College Presentation and Portfolio Release Form

With this RELEASE FORM the WLC School of Education seeks your permission to use all or a portion of your presentation and/or portfolio for observation/training purposes within WLC.

If you prefer NOT to have your presentation and/or portfolio used, you may also indicate that preference on this form.

Release Form

Name (print) _____

School: _____

Address: _____

Address: _____

Semester/Year of Teacher Candidacy/Professional Development Experience/Internship: _____

Taped Presentation

Permission is given for my taped presentation to be used for observation/training purposes.

(signature)

Date _____

Date of Presentation: _____

Permission is **NOT** given for my taped presentation to be used for observation/training purposes.

(signature)

Date _____

Electronic Portfolio

Permission is given for my electronic portfolio to be used for observation/training purposes.

(signature)

Date _____

Permission is **NOT** given for my electronic portfolio to be used for observation/training purposes.

(signature)

Date _____