

**CAMPBELLVILLE UNIVERSITY**  
**SCHOOL OF EDUCATION**  
**Candidate Continuous Assessment Plan**  
**Moderate Severe Disabilities – Certification Only**

Name \_\_\_\_\_ (Maiden) \_\_\_\_\_ CU ID # \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_  
 DOB \_\_\_/\_\_\_/\_\_\_ Gender: M F Ethnicity \_\_\_\_\_  
 Permanent Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Zip \_\_\_\_\_ Home Phone \_\_\_/\_\_\_/\_\_\_ Cell \_\_\_/\_\_\_/\_\_\_ Work \_\_\_/\_\_\_/\_\_\_  
 Email \_\_\_\_\_

**Work** **Home**

Level of Certification: Learning Behavior Disorders, P-12

Current Employer: \_\_\_\_\_  
District School

CAP 5 - Entrance Requirements Application	CAP 6 – Mid-Point Continuation	CAP 7 – Exit Requirements To Be Completed in SED 780, MSD Graduate Practicum
<p>____ Master’s Degree or Planned 5<sup>th</sup> Year Program</p> <p>____ Copy of valid Teacher’s Certificate (LBD certification)</p> <p>Official Transcript(s) ____Y ____N</p> <p>Cumulative GPA 2.75 or 3.0 on last 30 hours ____Y ____N            GPA ____ Review date: ___/___/___</p> <p>____ Professional Growth Plan currently on file with the district of employment</p> <p>Disposition Recommendation (self)            ____ (overall rating)</p> <p>____ KY Code of Ethics (signed)            ____ Character &amp; Fitness (signed)            ____ Diversity Survey Signed            ____ Curriculum Contract/Guide sheet (signed)</p>	<p>____ GPA (minimum 3.0)</p> <p>____ Credit Hours Completed (minimum 9 credit hours)</p> <p>____ Two Disposition Recommendations (1) ____ (self) (2) ____ (faculty)</p> <p><i><b>Praxis Disclaimer:</b> Teacher certification requirements are subject to change. Before registering for the test(s) please refer to the KY Education Professional Standards Board website at <a href="http://www.kyspsb.net">http://www.kyspsb.net</a> for current requirements or contact 502-564-4606 or toll free 888-598-7677.</i></p>	<p>Transcript Review            ____ GPA (minimum 3.0)            ____ Transcript Attached</p> <p>____ Two Disposition Recommendations (1) ____ (self) (2) ____ (faculty)</p> <p>____ CA-1 Form Completed (attached)</p> <p>____ Application for Additional Credentials</p> <p>____ Official Transcript Request</p> <p>____ Culminating Project Grade (3.0 required)</p> <p>____ MSD            ____ Alternate Assessment Project Grade (3.0)            ____ IEP (3.0)            ____ Case Study (3.0)            ____ Field Hours            ____ Praxis II (5545); <b>158 passing score</b></p>

***This Section is for Office Use Only***

Date Presented to Grad Faculty \_\_\_/\_\_\_/\_\_\_ Decision: \_\_\_\_ Recommended for Admission Decision: \_\_\_\_ Program Satisfactorily Completed  
 \_\_\_\_ Letter of Notification Mailed \_\_\_\_ Not Recommended \_\_\_\_ Program Not  
 \_\_\_\_ Copy of Letter Included in Student File \_\_\_\_ Recommended by Graduate Council Satisfactorily Completed