

CAMPBELLSVILLE UNIVERSITY
SCHOOL OF EDUCATION
Candidate Continuous Assessment Plan and Curriculum Guide
Master of Arts in School Improvement (MASI); Rank _____

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: IECE P-5 5-9 5-12 8-12 P-12 Content Area (s): _____, _____

Current Employer: _____

District

School

CAP 5* _____ CAP 6 _____ CAP 7 _____

CAP 5 - Entrance Requirements Application	CAP 6 – Mid-Point Admission to Candidacy	CAP 7 – Exit Requirements
_____ Copy of valid Teacher's Certificate _____ Rank III or Statement of Eligibility required to earn Rank II _____ Rank II required to earn Rank 1 Official Transcript(s) ____Y ____N Cumulative GPA 2.75 or 3.0 on last 30 hours ____Y ____N GPA _____ Review date: ____/____/____ Disposition Recommendation (self) _____ (overall rating) _____ KY Code of Ethics (signed) _____ Character & Fitness(signed) _____ Diversity Survey Signed _____ Curriculum Contract/Guide sheet (signed) Option Selected: _____ Gifted Endorsement _____ ESL Endorsement _____ Environmental Education Endorsement _____ Director of Special Education _____ Special Education _____ Professional Specialty Option: specify area _____	_____ Admissions File Complete _____ GPA (minimum 3.0) _____ Credit Hours Completed (minimum 15 credit hours) <p><i>Praxis Disclaimer: Teacher certification requirements are subject to change. Before registering for the test(s) please refer to the KY Education Professional Standards Board website at http://www.kyspsb.net for current requirements or contact 502-564-4606 or toll free 888-598-7677.</i></p>	Transcript Review _____ GPA (minimum 3.0) _____ Transcript Attached _____ Two Disposition Recommendations (1) _____ (self) (2) _____ (faculty) _____ CA-1 Form Completed (attached) _____ Exit/Completer Survey _____ Application for Additional Credentials _____ Culminating Project Grade (Minimum B required) _____ Endorsement (check one if applicable) _____ Environmental Education _____ 20 Field Hours _____ Exit Interview _____ ESL _____ 30 Field Hours _____ Exit Interview _____ Praxis II (5362); 155 passing score _____ Gifted and Talented _____ 30 Field Hours _____ Praxis II (5358); 157 passing score _____ DOSE Certification (if applicable) _____ Portfolio Score

Reminder:

*Program Information: Students seeking a Rank change must complete a 30-hour planned program of study. The program consists of two components: (a) 5 professional education core courses and minimum of (b) 5 professional specialty courses. *Completion of an endorsement program may be used in lieu of the professional specialty.*

*Assessment and Exit: Students will be assessed continuously in the Rank I program. There are three formal Candidate Assessment Points: CAP 5 – admission to the program (2.75 GPA required); CAP 6 – mid-point assessment; CAP 7 – program exit (3.0 required on culminating activity and cumulative GPA). *Additional criteria for each CAP are identified on application forms.*

Rank I Courses 30 Hours	
<p>a. Rank I Core Courses:</p> <p>Sem/Year Grade</p> <p>_____ ED 599 Entry to TP* (0)</p> <p>_____ ED 701 Plan. & Leading School Improv. (3)</p> <p>_____ ED 702 CIA Connections (3)</p> <p>_____ ED 703 Ethics and School Governance (3)</p> <p>_____ ED 704 Nature & Needs of Div. Learn. (3)</p> <p>_____ ED 705 Effective Pro. Development (3)</p> <p>Core Course Total: 15 Hours</p> <p>*If currently employed with a school district, a criminal background check may not be required.</p>	<p>b. Professional Specialty</p> <p>Sem/Year Grade</p> <p>_____ (3)</p> <p>_____ (3)</p> <p>_____ (3)</p> <p>_____ (3)</p> <p>_____ (3)</p> <p>Specialty Course Total: 15 Hours</p> <p>Rank I Program Total Hours: 30</p>

Statement of Acknowledgement/Commitment

As a student in the special education preparation program, I understand and agree to the following:

1. To be retained in the program and to be eligible for continuation and completion, I must satisfactorily meet all requirements of CAPs 5, 6, and 7.
2. Upon final approval of CAP 5, I will receive a letter of notification to be used for admission and registration.
3. Neither Campbellsville University nor any professor or administrator assumes responsibility for the CAPs nor for graduation; the responsibility resides with me.
4. I will participate in all online class sessions and teleconferences. I will follow the online procedure list provided.
5. I will follow the correct procedures for state certification.
6. I commit to upholding the Code of Ethics for Kentucky School Personnel.
7. I am committed to the ethical and legal use of technology.
8. I am committed to abide by the School of Education policy on plagiarism and cheating.

My signature below indicates I hereby recognize it is my responsibility to review and ensure I complete the above requirements for successful continuation in and exit from this program.

Name/Date _____ Advisor/Date _____

This Section is for Office Use Only

Date Presented to Grad Faculty ____/____/____
____ Letter of Notification Mailed
____ Copy of Letter Included in Student File

Decision: ____ Recommended for Admission
____ Not Recommended
____ Recommended by Graduate Council

Decision: ____ Program Satisfactorily Completed
____ Program Not
____ Satisfactorily Completed