



**School of Education
Empowerment for Learning**

**CANDIDATE ASSESSMENT POINT 3:
APPLICATION FOR STUDENT TEACHING**

Directions: Clip all documents listed in "Checklist of Application Materials" to this form. Be sure to sign and date the statement on the back of this form. Keep a copy for your records.

CU ID# _____ Social Security Number _____

Name _____ Date ____/____/____
Last First MI Maiden

Permanent Address: Street _____ City _____ State _____

Zip _____ Telephone _____ Cell # _____

Campus/Local Phone _____ UPO Box _____ CU Email _____@students.campbellsville.edu

Circle level of Certification:

IECE P-5 5-9 5-12* 8-12 P-12 IECE/P5 LBD/P5 Montessori

***Base certification is 8-12**

Major (s) _____

Projected Date of Graduation ____/____

Circle Location: Main Campus Louisville Somerset Elizabethtown Owensboro Harrodsburg

Previous Teaching Certificate Obtained _____ Date _____

Education Advisor _____ Major Advisor (8-12, P-12 only) _____

Checklist of Application Materials

(Record data in appropriate blanks & attach documentation for asterisked items)

___ 1. Cumulative GPA _____ (2.75 required and no grade lower than a C on curriculum guide)

___ 2. * Praxis Subject Assessment/s: Record your scores for the appropriate Praxis exam(s) for your area(s)/level(s) of certification.

Copy both sides of all of your exam score reports, including sub-scores. (You must have taken or registered for the earliest available testing date for all Praxis subject assessments BEFORE student teaching begins, for CAP 3 approval. If you take the exams after the CAP 3 due date, include a copy of your registration in this application). DO NOT INCLUDE CASE EXAMS.

| Exam | Code | Your Score | Passing Score | Date Taken |
|---------------------|-------|------------|---------------|----------------|
| PLT (if applicable) | _____ | _____ | 160 | ____/____/____ |
| Exam 1 | _____ | _____ | _____ | ____/____/____ |
| Exam 2 | _____ | _____ | _____ | ____/____/____ |
| Exam 3 | _____ | _____ | _____ | ____/____/____ |
| Exam 4 | _____ | _____ | _____ | ____/____/____ |
| Exam 5 | _____ | _____ | _____ | ____/____/____ |

Praxis Subject Assessment Remedial Plan (if applicable)

- ____ 3. * Disposition Recommendations: Name _____
 a. Cooperating Teacher: _____
 b. Major/Content Area Professor (not P-5): _____
 d. Self-Evaluation _____
- ____ 4. Portfolio Score ____ (Holistic score of 2 or 3 required, rubric documentation attached)
- ____ 5. *Copy of Graduation Audit Report, Application for Additional Academic or Certification Credentials.
 Originals submitted to Certification Officer.
- ____ 6. Have you completed all coursework? Yes No
 * If No, attach Course Lack form. (Available in Dean's Office or on the website)
- ____ 7. *Detailed Summary form from **KFETS**.
- ____ 8. *Attach a copy of the EPSB field experience form for student teaching.
- ____ 9. *Number of Field Hours ____ (Minimum of **200**; attach a copy of report/documentation)
- ____ 10. *Number of PPD Hours ____ (Attach a copy of Professional Involvement Log; *IECE attach PPD Tracking*)
- ____ 11. *Required Checks+:
 ____ Updated State Criminal Check Results+
 ____ Federal Criminal Check Results+
 (Both federal and state checks are obtained at the school district office. If student teaching in a private school, candidates are STILL required to obtain both)
 ____ Child Abuse or Neglect (CAN) Check (DPP 156) +
 ____ TB Risk Assessment+
 ____ Medical Exam+
 ____ Liability Insurance+
 (+These checks involve fees)
 ____ PBIS

Statement of Acknowledgement/Commitment

1. I have read the dispositions and indicators. I believe that good dispositions are integral to being an effective, professional educator. I am committed to growing and demonstrating excellence in these dispositions. I understand that in addition to academic performance in accord with the requirements of the School of Education, my success and progress in the educator preparation program depends upon successful demonstration of these dispositions.
2. I hereby apply for continuation in the educator preparation program and student teaching.
3. I understand that approval for CAP 3 does not guarantee approval for CAP 4.
4. Admission to educator preparation is a requirement for taking courses ED 414, and ED 450. To be retained in the program, I must meet all requirements for CAPS 1, 2, 3, and 4.
5. Neither Campbellsville University nor any professor or administrator assumes responsibility for reminding me of CAP requirements; the responsibility resides with me.
6. Praxis Disclaimer: I understand that the Kentucky Educator certification requirements are subject to change at any time. Before registering for a Praxis exam, I will check the KY Education Professional Standards Board website at www.kyepsb.ky.gov for current test requirements and current cut scores. I may also contact 502-564-4606 or toll free at 888-598-7667.
7. I reconfirm my commitment to uphold the Code of Ethics for Kentucky School Personnel. In addition, IECE candidates must uphold the NAEYC Code of Ethical Conduct, the DEC Code of Conduct, and First Steps Provider Code of Ethical Conduct. I also reaffirm my commitment to Character/Fitness as described in Section III of the CA-1. I additionally agree to comply with the Model Code of Ethics for Educators available on <http://www.nasdtdec.net/>.
8. I am committed to the ethical and legal use of technology.
9. I reconfirm my commitment to abide by the School of Education policy on plagiarism/cheating, and attendance.

Signed: _____ **Date** ____/____/____

This Section Is For Official Use Only

Decision by the School of Education Faculty

Date: ____/____/____ **Decision:** Approval _____ Denial _____

Date Letter of Notification Mailed ____/____/____

Copy of Notification Letter Attached _____