

School of Education Empowerment for Learning CANDIDATE ASSESSMENT POINT 4: PROGRAM EXIT

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. <u>Keep a copy for your records.</u>

CU ID #_		-							
Name			First				Date	_//	
Last			First		MI	Maiden			
Permaner	nt Address:	Street				City			
State	_ Zip		Telepho	_ Telephone			#		
UPO Box Campus/Local Phone			Personal Email						
		_				(DO N	NOT USE CU	J STUDENT	EMAIL)
IECE *Base cer	el of Certifica P-5 tification is	5-9 8-12	5-12*			IECE/P5	LBD/P5	Montessori	
Projected Date of Graduation/ Circle Location: Main Campus Louisville					Elizabethtown	Owensboro	Harrodsburg		
Previous T	Teaching Cer	tificate Obt	ained			Date			
Education	n Advisor_			_ Major A	Advisor (8-1	2, P-12 only)			
						plication Mate			
	(]	Record da	ita in appro	priate bl	anks & cli	p documentation	n for asterisk	(ted items)	
1. C	Cumulative	GPA	(F	Required 2	.75 and no g	grade lower than a	C on curriculu	m guide)	
(Į	Copy both side f score has no	es of <u>all</u> your ot been recei	· exam score re	ports, inclu copy of you	ıding sub-sco ır registration	appropriate Praxis ex ores. (You must have a until score is receiv	e taken all Prax		
p	lease check	the Educati	on Profession	nal Standa	rds Board w	nents are subject to rebsite at <u>www.eps</u> oll free at 888-598-	b.ky.gov for cu	urrent test requ	irements and
E	Cxam		Code	Ye	our Score	Passing Score	Da	te Taken	

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PLT (if applicable)			160	//
Exam 1				//
Exam 2				//
Exam 3				//
Exam 4				//

Praxis Subject Assessment Remedial Study Plan if Applicable

- __3. ED 450 Student Teaching: ____ (Minimum of 70% of points available) (To be completed by student teaching coordinator)
- ____4. *Self-Evaluation of Dispositions
- ____ 5. Passing portfolio
- ____ 6. Exit Event

7. Student Teaching Experience: Required experiences documented in Journal and Journal Rubric and EPSB form

8. Have you completed all coursework? Yes No * If No, attach Course Lack form. (Available in Dean's Office or on the website)

Statement of Acknowledgement

I understand that completion of the educator preparation program at Campbellsville University depends upon successful completion of all coursework and student teaching. Furthermore, I understand that my application for teacher certification depends upon the approval of my CAP 4 application, evaluations by cooperating teacher(s) and university supervisor(s), and passing scores on all appropriate PRAXIS subject assessments. Degree posting is documentation of completion of all program requirements.

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.

Signed:	Da	nte//
	This Section Is For Official Use Only	Γ

Decision by the School of Education Faculty

Date __/__/ Decision: Approval____ Denial____

Date Letter of Notification Mailed __/__/___ Copy of Notification Letter Attached ____ Copy of Letter to Certification Officer ____