

**CAMPBELLSVILLE UNIVERSITY**  
**SCHOOL OF EDUCATION**  
**Candidate Continuous Assessment Plan and Curriculum Guide**  
**Gifted/Talented Education Endorsement (P-12)**

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

<b>CAP 5 - Entrance Requirements Application</b>	<b>CAP 6 - Mid-Point Admission to Candidacy</b>	<b>CAP 7 - Exit Requirements <i>To Be Completed in GTE 530, Psychology of the Gifted and Talented</i></b>
_____ Copy of valid Teacher’s Certificate or Statement of Eligibility  Official Transcript(s) _____ Y _____ N  Cumulative GPA 2.75 or 3.0 on last 30 hours _____ Y _____ N GPA _____ Review date: ____/____/____  _____ Professional Growth Plan ( If teaching submit the one currently on file with the district of employment)  Disposition Recommendation (self) _____ (overall rating)  _____ KY Code of Ethics (signed)  _____ Character & Fitness (signed)  _____ Diversity Survey Signed  _____ Curriculum Contract/Guide Sheet (signed)	_____ GPA (minimum 3.0)  _____ Credit Hours Completed (minimum 12 credit hours)  _____ Disposition Recommendation (Faculty)	Transcript Review  _____ GPA (minimum 3.0)  _____ Transcript Attached  _____ Field Hours (30)  _____ Two Disposition Recommendations (1) _____ (self) (2) _____ (faculty)  _____ CA-1 Form Completed (attached)  _____ Exit/Completer Survey  _____ Application for Additional Credentials  _____ Transcript Request  _____ GSSP  _____ Praxis II (code 5358) (157 passing score)

**PRAXIS II: Gifted Education (5358)** \_\_\_\_\_ (157 passing) Date Taken \_\_\_\_\_

Praxis Disclaimer: Kentucky educator certification requirements are subject to change. Before registering for the test(s), please check the Education Professional Standards Board website at [www.epps.ky.gov](http://www.epps.ky.gov) for current test requirements and current cut scores. You may also contact 502-564-4606 or toll free at 888-598-7667.

**Gifted Courses Required**

**12 Hours**

**a. Gifted Courses (Must be taken in sequence):**

**Sem/Year Grade**

- \_\_\_\_\_ \_\_\_\_\_ GTE 520 Introduction to Gifted and Talented Education (3) &
- \_\_\_\_\_ \_\_\_\_\_ GTE 535 A Practicum in Gifted and Talented (1)
- \_\_\_\_\_ \_\_\_\_\_ GTE 525 Curriculum Development and Instructional Strategies (3) &
- \_\_\_\_\_ \_\_\_\_\_ GTE 535 B Practicum in Gifted and Talented (1)
- \_\_\_\_\_ \_\_\_\_\_ GTE 530 Psychology of the Gifted and Talented (3) &
- \_\_\_\_\_ \_\_\_\_\_ GTE 535C Practicum in Gifted and Talented (1)

**Total: 12 Hours**

**Statement of Acknowledgement/Commitment**

As a student in the 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 \_\_\_\_\_  
\_\_\_\_\_ Recommended by Graduate Council

\_\_\_\_\_ Letter of Notification Mailed  
\_\_\_\_\_ Copy of Letter Included in Student File

**Decision:** \_\_\_\_\_ Recommended for Admission  
\_\_\_\_\_ Not Recommended

Decision: \_\_\_\_\_ Program Satisfactorily Completed  
\_\_\_\_\_ Program Not Satisfactorily  
Completed