ADMISSION TO THE TEACHER PREPARATION PROGRAM

Students should apply to the Teacher Preparation Program BEFORE the end of their sophomore year and should meet the following requirements at that time.

1. Overall GPA of 2.70

2. "C" or better in both ENG 111 or 113 (ENG 1110 or 1130) – Composition I and ENG 211 (ENG 2110) - Composition II

3. “C” or better in EDFD 202 (EDFD 2020) – Introduction to the Teaching Profession

4. “C” or better in EDFD 203 (EDFD 2030) – Child & Adolescent Development (FCS majors must take FCS 323 instead)

5. “C” or better in COMM 101 (COMM 1010) – Speech Communication

6. “C” or better in MATH 151 (MATH 1330) – College Algebra

7. Praxis CORE or ACT/SAT Test scores:
   - Reading
   - Math
   - Writing

   Please contact the Teacher Preparation office for the most current cut scores accepted.


PLEASE NOTE:

Understand that, in the final analysis, it is YOUR responsibility to become acquainted with the requirements of the Cannon-Clary College of Education published in the Harding University catalog and to comply with those requirements. Nevertheless, we are pleased to assist you in planning your program and receive much personal satisfaction in seeing you progress through your academic career at Harding.

Teacher Preparation Office
Thornton Education Center 130
HU Box 12254
Attn: Sandy Norris
Searcy, AR 72149-2254
Telephone: (501) 279-4050

Updated April, 2019
CHECKLIST FOR TEACHER PREPARATION PROGRAM

1. ________ Application for Admission to the Teacher Preparation Program. Return to the Teacher Preparation Office. (Form A)

2. ________ Student Reference Request and FERPA Release Form and “Cause” for Non-Issuance of a Teaching Certificate Statement. Return to Teacher Preparation Office. (Forms B & C)

3. ________ Recommendation for Admissions forms. Fill out the top and give to four of your previous instructors at Harding University. Transfers may use teachers at their previous school. Send stamped envelopes with the address listed at the bottom of this page. (Form D)

4. ________ Praxis CORE Test. Sign up online at [www.ets.org](http://www.ets.org). Be sure to have your scores sent to Harding University.

   OR

   ACT scores (Residual ACT exam can be taken in the Harding University Office of Testing & Evaluation).

5. ________ Curriculum Plan for Admission to Teacher Preparation Program. Have your academic advisor sign this form. Return to the Teacher Preparation Office. (Form E)

Teacher Preparation Office
Thornton Education Center 130
P.O. Box 12254
Searcy, AR  72149-2254
Telephone:  (501) 279-4050
APPLICATION FOR ADMISSION TO TEACHER PREPARATION PROGRAM

Name ______________________  Preferred __________________  Date ________

Harding ID# __________________________  Harding E-Mail __________________________

University P.O. Box # __________________________  Cell # __________________________

Local Address _______________________________________________________

Local Address _______________________________________________________

Street or P.O. Box #      City      State      Zip

Classification:  _____Freshman  _____Sophomore  _____Junior  _____Senior

Major(s) ___________________________  Minor(s) ___________________________

List all areas for which you are certifying ______________________________________

Faculty Academic Advisor ______________________________________

Recommendations are required from four instructors at Harding University with whom you have had classes. If you are a transfer this semester, please send forms to four of your teachers from the college you last attended. Mail the recommendation forms to them enclosing a stamped, return envelope to each one.

Teacher Preparation Office
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Searcy, AR  72149-2254
Telephone:  (501) 279-4050

OFFICE USE ONLY:

Curriculum plan date: ___________________________  Cumulative Overall GPA: ___________________________

Required Courses:

- ENG 111/113
- ENG 211
- MATH 151
- COMM 101
- EDFD 202
- EDFD 203

Scores:

- MATH
- READING
- WRITING

Recommendations:

1) ___________________________  2) ___________________________

3) ___________________________  4) ___________________________

Date Admitted to TPP ___________________________

Cum. GPA at Time of TPP Admittance ___________________________

Date Admitted to Supervised Teaching ___________________________

Cum GPA at Supervised Teaching Admittance ___________________________

Major GPA at Supervised Teaching Admittance ___________________________

Form A
Student Reference Request and FERPA (Family Educational Rights & Privacy Act) Release

Request

Student Name (please print): _____________________________________________________________________________

I request the Cannon-Clary College of Education at Harding University to serve as a reference for me. The purpose(s) of the reference are: (initial all selected purposes)

________ application for employment

________ all forms of scholarship or honorary award

________ admission to another education institution

The reference may be given in the following form(s): (initial one or both spaces)

________ written  ________ oral

Authorization

I authorize the Cannon-Clary College of Education at Harding University to provide references, release information and education records, and provide an evaluation about any and all information from my education at Harding University and at other institutions I have previously attended which are part of my education records at Harding University. (initial all applicable spaces)

1. _______ all prospective employers  OR _______ specific employers  
   (list on reverse side)

2. _______ all educational institutions to which I seek admission  OR _______ specific educational institutions  
   (list on reverse side)

3. _______ all organizations considering me for an award or scholarship  OR _______ specific organizations  
   (list on reverse side)

Release

I understand I have the right to consent to the release of my education records and I have a right to receive a copy of any written reference upon request. This consent shall remain in effect until revoked by me, in writing, and delivered to the Cannon-Clary College of Education at Harding University, Searcy, White County, Arkansas, but that any such revocation shall not affect disclosures previously made by Harding University prior to receipt of any such written revocation. I have reviewed the above information and understand this is the information to be released should my references be checked. In consideration and return for the Cannon-Clary College of Education issuing the information authorized under this authorization, I release the Cannon-Clary College of Education, Harding University and its governing board, employees and agents from any and all liabilities, claims and actions that may arise pursuant to this release, disclosure pursuant to this release, and any consequences of such disclosure. I understand that this authorization covers liability claims and actions caused entirely or in part by the acts or failures to act of the Cannon-Clary College of Education, Harding University or its governing board, employees or agents, including but not limited to negligence, mistake or failure or other conduct.

Student’s Signature___________________________________________________ Date ________________

Harding ID#________________________________________________________

Instructions: Fill in all information required, date and sign the form and return to the Cannon-Clary College of Education, Harding University if you want the University to release reference information as specified in this authorization.
“CAUSE” FOR NON-ISSUANCE OF A TEACHING CERTIFICATE

Certificates will not be issued or renewed for individuals who have committed acts that constitute “cause” for revoking certificates as specified in ACT 866 of 1989. Section one of ACT 866 defines “cause” as:

1. Conviction of a felony.
2. The acknowledged or admitted commission of an act which would constitute a felony under the Arkansas Criminal Code.
3. Holding a teaching certificate obtained by fraudulent means.
4. Revocation of a certificate in another state.
5. Intentionally compromising the validity or security of any student test or testing program administered by and/or required by the Arkansas Department of Education.
6. Knowingly submitting, through the superintendent or directly to the Arkansas Department of Education, falsified information which is requested or required by the Arkansas Department of Education.

An individual will not be admitted to the teacher education program/professional field experiences at Harding University if they have committed any of the acts listed above which constitute “cause” for the non-issuance of a teaching certificate.

In the event a student who has been admitted to the teacher education/professional field experiences program is cited, indicted, or arrested for a criminal offense which may reasonably impact their fitness to teach, immediate suspension from the teacher education/professional field experiences program will result. A plea of guilty, nolo contendere or a judgment of guilty will result in the student being dropped from the teacher education/professional field experiences program.

I _______________________________________________________, Harding ID#____________________ verify that I have not committed any act which would impact my fitness to teach or would constitute “cause” for non-issuance of a teaching certificate under ACT 866 of 1989.

Teacher Preparation Office
Thornton Education Center 130
HU Box 12254
Attn: Sandy Norris
Searcy, AR 72149-2254
Telephone: (501) 279-4050

Form C
CANNON-CLARY COLLEGE OF EDUCATION  
HARDING UNIVERSITY

Evaluation of Teacher Candidate’s Professional Dispositions

Student Name: ________________________________  
HI# ________________________________  

I (the student) have signed the Student Reference Request and FERPA (Family Educational Rights & Privacy Act) Release.  
However, I have  waived _____ not waived _____ my right of access to this recommendation form.

Teacher Candidate (Student) Signature ________________________________  
Date ________________________________

Classification:  Fr  So  Jr  Sr  
Licensure Area: ________________________________

Major: ________________________________

Teaching Level: (check all that apply)  
☐ Elementary  ☐ Mid-Level  ☐ Secondary  ☐ K-12  ☐ SPED K-12  ☐ B-K SPEC

I was enrolled in your class entitled ________________________________ during ________________________________  
(semester & year)

---

Please complete this form by circling the appropriate number and return to the  
Teacher Preparation Office, Thornton Education Center 130, HU Box 12254, Attn: Sandy Norris, Harding University, Searcy, AR 72149-2254

Rating Scale  
Exceptional—Satisfactory—Needs Improvement—Unsatisfactory  
4—-3—-2—-1

Professional Dispositions  
Rating

1. Professionalism  
                     arrivers punctually and prepared for classes and required activities, dresses appropriately, communicates professionally with others  
  4-----3-----2-----1

2. Reflection  
                     seeks and uses feedback to change ineffective processes  
  4-----3-----2-----1

3. Curiosity  
                     asks questions, shows curiosity and enthusiasm for content, seeks deep understanding  
  4-----3-----2-----1

4. Honesty  
                     exhibits honesty and integrity in coursework, with other students and teachers  
  4-----3-----2-----1

5. Dedication  
                     actively participates in class, and is consistent in attendance, exhibits a positive attitude, is prompt with work  
  4-----3-----2-----1

6. Writing Skills  
                     4-----3-----2-----1

7. Oral Skills  
                     4-----3-----2-----1

Comments: ________________________________

_______________________________
Signature:

_______________________________  
Print name:

_______________________________  
Date:

---

Based on your interactions with this candidate, what is your recommendation regarding this person's continuation in the teacher education program?  
_____ fully support  _____ support with reservations  _____ do not support

---
CANNON-CLARY COLLEGE OF EDUCATION
HARDING UNIVERSITY

Evaluation of Teacher Candidate's Professional Dispositions

Student Name: (please print) ___________________________                HI# ___________________________

I (the student) have signed the Student Reference Request and FERPA (Family Educational Rights & Privacy Act) Release.
However, I have  waived _____  not waived_____ my right of access to this recommendation form.

_____________________________________________________________________________________________________________________

Teacher Candidate (Student) Signature ___________________________                  Date ___________________________

Classification: Fr      So     Jr     Sr ___________________________

Licensure Area: ___________________________

Major: ______________________________________________________

Teaching Level: (check all that apply)  
☐ Elementary  ☐ Mid-Level  ☐ Secondary  ☐ K-12  ☐ SPED K-12  ☐ B-K SPEC

I was enrolled in your class entitled ___________________________ during ___________________________

(semester & year)

______________________________________________________________

Please complete this form by circling the appropriate number and return to
Teacher Preparation Office, Thornton Education Center 130, HU Box 12254, Attn: Sandy Norris, Harding University, Searcy, AR 72149-2254

Rating Scale

Exceptional—Satisfactory—Needs Improvement—Unsatisfactory

4-----------------3-----------------2-----------------1

Professional Dispositions  Rating

1. Professionalism  _____________________________________________ 4-----3-----2-----1

   arrives punctually and prepared for classes and required activities, dresses appropriately, communicates
   professionally with others

2. Reflection  _____________________________________________ 4-----3-----2-----1

   seeks and uses feedback to change ineffective processes

3. Curiosity  _____________________________________________ 4-----3-----2-----1

   asks questions, shows curiosity and enthusiasm for content, seeks deep understanding

4. Honesty  _____________________________________________ 4-----3-----2-----1

   exhibits honesty and integrity in coursework, with other students and teachers

5. Dedication  _____________________________________________ 4-----3-----2-----1

   actively participates in class, and is consistent in attendance, exhibits a positive attitude, is prompt with work

6. Writing Skills  _____________________________________________ 4-----3-----2-----1

7. Oral Skills  _____________________________________________ 4-----3-----2-----1

Comments: __________________________________________________

_____________________________________________________________________________________________________________________

Based on your interactions with this candidate, what is your recommendation regarding this person's continuation in the teacher education program?

      _____ fully support         _____ support with reservations         _____ do not support

Signature: ___________________________                  Print name: ___________________________                  Date: ___________________________
Evaluation of Teacher Candidate’s Professional Dispositions

Student Name: (please print) ___________________________________________ H# __________________________

I (the student) have signed the Student Reference Request and FERPA (Family Educational Rights & Privacy Act) Release. However, I have waived _____ not waived_____ my right of access to this recommendation form.

Teacher Candidate (Student) Signature ____________________________________________________________ Date ________________

Classification: Fr So Jr Sr Licensure Area: __________________________________________________________

Major: ____________________________________________

Teaching Level: (check all that apply)  ☐ Elementary  ☐ Mid-Level  ☐ Secondary  ☐ K-12  ☐ SPED K-12  ☐ B-K SPEC

I was enrolled in your class entitled ____________________________________________________________ during ________________ (semester & year)

_______________________________________________________________

Please complete this form by circling the appropriate number and return to the Teacher Preparation Office, Thornton Education Center 130, HU Box 12254, Attn: Sandy Norris, Harding University, Searcy, AR 72149-2254

Rating Scale

Exceptional—Satisfactory—Needs Improvement—Unsatisfactory

4—________3—________2—________1

Professional Dispositions Rating

1. Professionalism ____________________________________________________________ 4—________3—________2—________1

arrives punctually and prepared for classes and required activities, dresses appropriately, communicates professionally with others

2. Reflection _______________________________________________________________ 4—________3—________2—________1

seeks and uses feedback to change ineffective processes

3. Curiosity ________________________________________________________________ 4—________3—________2—________1

asks questions, shows curiosity and enthusiasm for content, seeks deep understanding

4. Honesty ________________________________________________________________ 4—________3—________2—________1

exhibits honesty and integrity in coursework, with other students and teachers

5. Dedication _____________________________________________________________ 4—________3—________2—________1

actively participates in class, and is consistent in attendance, exhibits a positive attitude, is prompt with work

6. Writing Skills ___________________________________________________________ 4—________3—________2—________1

7. Oral Skills ______________________________________________________________ 4—________3—________2—________1

Comments: ______________________________________________________________________________________________

____________________________________________________________________________________________

_______________________________________________________________

Based on your interactions with this candidate, what is your recommendation regarding this person’s continuation in the teacher education program?

______ fully support  _______ support with reservations  _______ do not support

Signature: ___________________________________________ Print name: ___________________________________________ Date: ________________
CANNON-CLARY COLLEGE OF EDUCATION
HARDING UNIVERSITY

Evaluation of Teacher Candidate’s Professional Dispositions

Student Name: (please print) ___________________________________________  H# ____________________________

I (the student) have signed the Student Reference Request and FERPA (Family Educational Rights & Privacy Act) Release. However, I have waived _____ not waived _____ my right of access to this recommendation form.

_____________________________________________  ________________________________________
Teacher Candidate (Student) Signature  Date

Classification:  Fr  So  Jr  Sr  Licensure Area: __________________________________________________________

Major: ________________________________________________________________

Teaching Level: (check all that apply)  [ ] Elementary  [ ] Mid-Level  [ ] Secondary  [ ] K-12  [ ] SPED K-12  [ ] B-K SPEC

I was enrolled in your class entitled ___________________________________ during __________________________

(semester & year)

Please complete this form by circling the appropriate number and return to the
Teacher Preparation Office, Thornton Education Center 130, HU Box 12254, Attn: Sandy Norris, Harding University, Searcy, AR 72149-2254

Rating Scale
Exceptional--Satisfactory--Needs Improvement--Unsatisfactory
4---------------3---------------2---------------1

Professional Dispositions  Rating

1. Professionalism
arrives punctually and prepared for classes and required activities, dresses appropriately, communicates professionally with others

2. Reflection
seeks and uses feedback to change ineffective processes

3. Curiosity
asks questions, shows curiosity and enthusiasm for content, seeks deep understanding

4. Honesty
exhibits honesty and integrity in coursework, with other students and teachers

5. Dedication
actively participates in class, and is consistent in attendance, exhibits a positive attitude, is prompt with work

6. Writing Skills

7. Oral Skills

Comments: ____________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Based on your interactions with this candidate, what is your recommendation regarding this person’s continuation in the teacher education program?

______ fully support    _____ support with reservations    _____ do not support

Signature: ____________________________________  Print name: ____________________________  Date: ______________

Form D
CURRICULUM PLAN FOR ADMISSION TO TEACHER PREPARATION PROGRAM

Name (please print)___________________________________________  H#__________________________

Major ___________________________________________ Licensure Area____________________________________

Beginning with courses you are taking now, fill in all of the remaining courses you plan to take to certify to teach. Clearly indicate which semester you expect to do your student teaching.

<table>
<thead>
<tr>
<th>Term:</th>
<th>Year:</th>
<th>Term:</th>
<th>Year:</th>
<th>Term:</th>
<th>Year:</th>
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<td></td>
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</tr>
</tbody>
</table>

Expected Graduation Date: ____________________________

Student’s Signature______________________________________________________  Date______________________

(Your signature indicates your approval for this student to be admitted to the Teacher Preparation Program.)

Academic Advisor’s Signature_________________________________________  Date______________________

Teacher Preparation Office
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Form E