

HARDING

U N I V E R S I T Y

ADMISSION TO THE TEACHER PREPARATION PROGRAM

Students should apply to the Teacher Preparation Program BEFORE the end of their sophomore year. Below are the requirements that must be met before admission.

1. Overall GPA of 2.70
2. "C" or better in both ENG 1110 (ENG 111) – Composition I and ENG 2110 (ENG 211) - Composition II
3. "C" or better in EDFD 2020 (EDFD 202) – Introduction to the Teaching Profession
4. "C" or better in EDFD 2030 (EDFD 203) – Child & Adolescent Development (FCS majors must take FCS 323 instead)
5. "C" or better in COMM 1010 (COMM 101) – Speech Communication
6. "C" or better in MATH 1330 (MATH 151) – College Algebra **or** MATH 1200 (200) - Statistics
7. Disposition survey – go to this link to complete the survey: www.harding.edu/education/gritscale
8. Complete Checklist for Teacher Preparation Program.

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: Emily Eads
Searcy, AR 72149-2254
Telephone: (501) 279-4050

HARDING

U N I V E R S I T Y

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. _____ Disposition survey - Complete at this link: www.harding.edu/education/gritscale
5. _____ Curriculum Plan for Admission to Teacher Preparation Program. Have your academic advisor sign this form. Return to the Teacher Preparation Office. (Form E)

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HARDING

UNIVERSITY

APPLICATION FOR ADMISSION TO TEACHER PREPARATION PROGRAM

Name _____ Preferred _____ Date _____

Harding ID# _____ Harding E-Mail _____

University P.O. Box # _____ Cell # _____

Local Address _____
Street or P.O. Box # _____ City _____ State _____ Zip _____

Classification: _____ Freshman _____ Sophomore _____ Junior _____ Senior

Major(s) _____ Minor(s) _____

If mid-level (4-8), 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.

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OFFICE USE ONLY:

Curriculum plan date: _____ Cumulative Overall GPA: _____

Required Courses:

ENG 1110/1130 (111/113)	
ENG 2110 (211)	
MATH 1330 (241) or 1200 (200)	
COMM 1010 (101)	
EDFD 2020 (202)	
EDFD 2030 (203)	

GRIT Disposition Survey:

DATE:	
SCORE:	

Recommendations:

1) _____ 2) _____

3) _____ 4) _____

Date Admitted to TPP _____

Cum. GPA at Time of TPP Admittance _____ Major _____

Date Admitted to Supervised Teaching _____

Cum GPA at Supervised Teaching Admittance _____

Major GPA at Supervised Teaching Admittance _____

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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.

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 OR _____ specific educational institutions
to which I seek admission *(list on reverse side)*
- 3. _____ all organizations considering OR _____ specific organizations
me for an award or scholarship *(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# _____

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U N I V E R S I T Y

“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.

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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 Major: _____ Licensure Areas (if Mid-level 4-8): _____

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

Harding Instructor's Name: _____

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: Emily Eads, 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	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: _____

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: _____

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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: _____

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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.

Term:	Year:	Term:	Year:	Term:	Year:
Term:	Year:	Term:	Year:	Term:	Year:
Expected Graduation Date:					

Student's Signature _____ Date _____

Academic Advisor's Signature _____ Date _____
(Your signature indicates your approval for this student to be admitted to the Teacher Preparation Program.)

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Form E