ADMISSION TO THE TEACHER EDUCATION PROGRAM

Students should apply to the Teacher Education 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 English 111 or 113 (Composition I) and English 211 (Composition II).

3. “C” or better in EdFd 202 – Intro. to the Teaching Profession.

4. “C” or better in EdFd 203 – Child & Adolescent Development (Vocational Family and Consumer Science Education majors must take FCS 323 instead.)

5. “C” or better in ComO 101 – Speech Communication.

6. “C” or better in Math 151 – College Algebra.

7. Praxis CORE Test. (Minimum scores: Math, 150; Reading, 156; Writing, 162) OR for the ACT to count as Praxis Core:
   ▪ Praxis Core for Math – overall ACT score: 24/Math ACT score: 22
   ▪ Praxis Core for Reading – overall ACT score: 24/Reading ACT score: 22
   ▪ Praxis Core for Writing – overall ACT score: 24/Writing ACT score: 22
   OR for the SAT to count as Praxis Core:
   ▪ Praxis Core for Math – composite SAT score: 1100/Math SAT score: 550
   ▪ Praxis Core for Reading – composite SAT score: 1100/Reading SAT score: 530
   ▪ Praxis Core for Writing – composite SAT score: 1100/Writing SAT score: 520

8. Complete Checklist for Teacher Education 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.
CHECKLIST FOR TEACHER EDUCATION PROGRAM

1. _____ Application for Admission to the Teacher Education Program. Return to the Teacher Education Office. (Form A)

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

3. _____ Recommendation for Admission forms. Fill out the top and give to the four teachers listed at the bottom of the application form. (Transfers may use teachers at their previous school. Send stamped envelopes with the following address: Teacher Education Office, Harding University, P.O. Box 12254, Attn: Belinda Miller, Searcy, AR 72149-2254.) (Form D)

4. _____ Praxis CORE Test. Sign up online at www.ets.org Be sure to have your scores sent to Harding University.

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

Teacher Education Program
Thornton Education Center 130
P.O. Box 12254
Attn: Belinda Miller
Searcy, AR 72149-2254
Telephone: (501) 279-4050
APPLICATION FOR ADMISSION TO
TEACHER EDUCATION PROGRAM

Name _______________________________ Preferred ___________________ Date ________

Social Security # ______________________ Classification ________________________

Harding ID# __________________________ Harding E-Mail __________________________

University P.O. Box No.________________________ Cell # __________________________

Local Address __________________________________________

Street or P.O. Box No. City State Zip

Major(s) ______________________________ Minor(s) __________________________

List all areas for which you are certifying ________________________________

Faculty Academic Advisor ________________________________________________

Give the names of four teachers at Harding University with whom you have had classes.
If you are a transfer this semester, please list four of your teachers from the college you last attended and mail the recommendation forms to them enclosing a stamped, return envelope with each one.

________________________________________________________________________

________________________________________________________________________

Teacher Education Program
Thornton Education Center 130
P.O. Box 12254
Attn: Belinda Miller
Searcy, AR 72149-2254
Telephone: (501) 279-4050

Form A
Harding University

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 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_______________

Student’s S.S. No.________________________ Harding ID# _______________________

Form B
“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 if /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 of 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 __________________________________________, SSN_______________________ 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 Education Program
Thornton Education Center 130
P.O. Box 12254
Attn: Belinda Miller
Searcy, AR 72149-2254
Telephone: (501) 279-4050

Form C
RECOMMENDATION FOR ADMISSION TO THE TEACHER EDUCATION PROGRAM

Student Being Recommended: ________________________________

Recommendation From: ________________________________

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.

Signed __________________________ Harding ID __________ Date __________

Major: __________________________ Teaching Level: (check all that apply) ______ Elementary ______ Middle Level ______ Secondary ______ K-12 ______ Special Ed. K-12 ______ Early Childhood/SPED B-K

I was enrolled in your class entitled __________________________ during __________________________

(semester & year)

Please complete this form by placing a check in the appropriate box and return to the Teacher Education Office, P.O. Box 12254, Attn: Belinda Miller, Harding University, Searcy, AR 72149-2254.

<table>
<thead>
<tr>
<th>Character</th>
<th>Cooperation</th>
<th>Dependability</th>
<th>Personality Projection</th>
<th>Scholarship</th>
<th>Mental/Emotional State</th>
<th>Writing Skills</th>
<th>Oral Skills</th>
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</thead>
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<tr>
<td>Satisfactory for</td>
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</tr>
<tr>
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<td>Sec.</td>
<td>K-12</td>
<td>SPED K-12</td>
<td>SPED B-K</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Should be reviewed</th>
<th>Should not teach</th>
<th>No opportunity to observe</th>
</tr>
</thead>
</table>

I do not know the student well enough to check the above characteristics but have no reason to disapprove.

I do not know the student.

Date: __________________________ Signature __________________________

Print Name __________________________ Form D
RECOMMENDATION FOR ADMISSION TO THE TEACHER EDUCATION PROGRAM

Student Being Recommended: __________________________________________________________

Recommendation From: _______________________________________________________________

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.

______ Signed     ______ Harding ID     ______ Date

Major: ___________________________ Teaching Level: (check all that apply)

- Elementary
- Middle Level
- Secondary
- K-12
- Special Ed. K-12
- Early Childhood/SPED B-K

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

Please complete this form by placing a check in the appropriate box and return to the Teacher Education Office, P.O. Box 12254, Attn: Belinda Miller, Harding University, Searcy, AR 72149-2254.

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______ I do not know the student well enough to check the above characteristics but have no reason to disapprove.

______ I do not know the student.

Date: ____________________________  ____________________________  ____________________________

Signature

Print Name

Form D
RECOMMENDATION FOR ADMISSION TO THE TEACHER EDUCATION PROGRAM

Student Being Recommended: ________________________________________________________

Recommendation From: __________________________________________________________

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.

________________________________________________________________________

Signed ___________________________ Harding ID ___________________________ Date __________

Major: ___________________________ Teaching Level: (check all that apply) _______ Elementary

______ Middle Level

______ Secondary

______ K-12

______ Special Ed. K-12

______ Early Childhood/SPED B-K

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

Please complete this form by placing a check in the appropriate box and return to the Teacher Education Office, P.O. Box 12254, Attn: Belinda Miller, Harding University, Searcy, AR 72149-2254.

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Date: ___________________________ ___________________________ Signature

________________________________________________________________________

Print Name ___________________________ Form D
RECOMMENDATION FOR ADMISSION TO THE TEACHER EDUCATION PROGRAM

Student Being Recommended: ____________________________________________

Recommendation From: ________________________________________________

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.

Signed ___________________________ Harding ID ______________________ Date _______________

Major: ____________________________ Teaching Level: (check all that apply) ______ Elementary ______ Middle Level ______ Secondary ______ K-12 ______ Special Ed. K-12 ______ Early Childhood/SPED B-K

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

Please complete this form by placing a check in the appropriate box and return to the Teacher Education Office, P.O. Box 12254, Attn: Belinda Miller, Harding University, Searcy, AR 72149-2254.

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——— I do not know the student well enough to check the above characteristics but have no reason to disapprove.

——— I do not know the student.

Date: ___________________________ Signature ___________________________

Print Name ________________________ Form D
CURRICULUM PLAN FOR ADMISSION TO TEACHER EDUCATION PROGRAM
P.O. Box 12254, Searcy, AR 72149-2254

Name ___________________________ Date ___________________________

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.

Sum _______ Fall _______ Spring _______  

Sum _______ Fall _______ Spring _______  

Student’s Signature ___________________________ Date _________________

Expected Graduation Date ___________________________

*Academic Advisor’s Signature ___________________________ Date _________________

ATTENTION CANNON – CLARY COLLEGE OF EDUCATION ADVISORS: Attach copy of curriculum worksheet.

*Your signature indicates your approval for this student to be admitted to the Teacher Education Program.

Form E