

Checklist for Elementary Master in Teaching Application

Application deadline for Summer 2013 is January 25, 2013

*Requirements for the Elementary program can be found here:
http://education.washington.edu/areas/tep/elementary/elem_apply.html*

*Please submit any paper materials to:
 Office of Student Services
 206 Miller, Box 353600
 Seattle, WA 98195*

	Online Application to Graduate School	http://education.washington.edu/prospective/applying
	Resume	Detailing work/educational, volunteer experience, etc.
	Goal Statement	1 to 2 page statement. The prompt for this statement is on the Elementary requirements website.
	Personal History Statement	This is an optional statement in the online application which allows you to provide any information about your personal background
	Prerequisite Evaluation Form	This form documents status of the three prerequisites. This form should be submitted at least 2 weeks before the deadline to be completed by the Office of Student Services.
	Description and Assurance of Observation form documenting 40 Hours of Observational Experience	40 hours of experience in a diverse and low income school. This is documented on the Description and Assurance of Observation form.
	2 letters of recommendation	Detailing academic potential – must be from 2 people other than 40 hour evaluators.
	Character and Fitness form	State form to be filled out by applicant and submitted by mail by the deadline.
	Unofficial Transcripts from all schools attended	Unofficial transcripts should be uploaded with your online application.
	West-B scores	West-B subtests, Reading, Writing, and Math must be passed by application deadline.

Checklist for Elementary MIT Program Start Summer 2013

The following requirements must be completed before the program begins in June 2013.

	Complete Developmental Psychology	<p>UW courses include: Psych 206, EDPSY 304, Nurs 201, Psych 306</p> <p>Community College options are also available. Email edinfo@uw.edu for options.</p>
	Complete Math for Elementary Teachers	<p>EDUC 170 is available at UW and there are numerous Community College options. Email edinfo@uw.edu for suggestions. There is also a Math for Elementary Teachers exemption test offered. Students have one opportunity to pass the test or the course must be taken before the program begins.</p>
	Complete Education of an Ethnic Group course	<p>Courses vary by quarter. UW courses that meet this requirement include:</p> <p>EDC&I 424 Multiethnic Curriculum and Instruction EDC&I 425 Instructional Strategies for Minority Students EDC&I 453 Teaching the Bilingual-Bicultural Student EDC&I 464 Educating Native American Youth EDC&I 469 Teaching African American Students EDC&I 474 Multi-Ethnic Studies</p> <p>AES 340 Race, Ethnicity, and Education AIS 431 History of American Indian Education Soc 292 Public Schooling in America</p> <p>Community College options are also available. Email edinfo@uw.edu for options.</p>
	Bachelor's degree completed	<p>Your bachelor's degree must be confirmed before starting the MIT program.</p>

The West-E Tests are required before Student Teaching occurs in the program

	West-E Subject Test	<p>Elementary sub-tests 005 and 006 must be passed before student teaching.</p>
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University of Washington
Teacher Education Program – College of Education
Box 353600, Seattle, WA 98195-3600

Description and Assurance of Classroom Observation

All applicants to the UW Teacher Education Program (UW TEP) must complete a 40-hour classroom observation. UW TEP is focused on preparing teacher candidates to teach in low-income, diverse communities and schools. The purpose of the 40-hour classroom observation is to provide applicants with a strong sense of the work teachers do in high need settings. The observer is not certified and therefore needs to be under your guidance at all times during the 40 hours.

Applicant's Name _____
Last
First
Middle

School _____ Grade Level (s) _____

School Address _____ School Phone _____
city
state
zip

Dates of Participation _____ Total Hours _____

Public Law 93-380, The Family Educational Rights and Privacy Act of 1974 requires that letters of recommendation in behalf of applications for admission be placed in open files for review by the student after s/he begins a program unless the student waives her/his right to review the recommendation. An applicant signature indicates that this recommendation will not be available to the student for review at any time and will be treated as confidential by the University of Washington, College of Education. (Unaccepted persons or those who do not begin the program do not have access to this form at any time.)

To the Applicant:

1. Give this form to the teacher, along with a stamped envelope addressed to: Office of Student Services, College of Education, 206 Miller Hall, Box 353600, University of Washington, Seattle, WA 98195-3600
2. Sign below if you wish this form to be held in confidence from you by the University of Washington, College of Education.
3. Do not sign below if you wish this form to be placed in an open file if you are admitted as a student and begin the program. (This form remains confidential until that time.)

It is my understanding that waiving my right to review this recommendation is not required as a condition of admission, receipt of financial aid, or other University service, and is entirely voluntary. Accordingly, I hereby waive any and all rights to inspect and review this recommendation under the Family Rights and Privacy Act of 1974.

Applicant Signature

Date

To the Teacher:

This person is applying to the Teacher Education (master's degree) Program at the University of Washington. The Description and Assurance form will be an important part of the application file. Please:

1. Indicate whether or not the applicant's descriptions and noted ways in which s/he participated are accurate.
2. Indicate whether or not the applicant presented her/himself professionally.
3. Provide any comments about the applicant's experience in your classroom that you believe will help the admission committee evaluate the applicant.
4. Return the form in the stamped envelope provided by the applicant.

Applicant's Name _____
Last First Middle

Applicant:

Describe the classroom in which you completed your observation (include the kinds of activities you observed the teacher and students engaged in, and the socio-economic, ethnic, racial, and language diversity of the students):

(Take as much room as you need. You may also include additional typed pages.)

Applicant:

In what ways did you participate in the classroom community (check all that apply):

- Observed only
- Attended school/teacher meetings
- Participated in one-to-one work with students
- Participated in planning
- Participated in whole group activities
- Participated in instruction under your guidance
- Had opportunities to interact with parents
- Other (please describe) _____
- Other (please describe) _____

Teacher please mark one response for each statement (YES/NO) and provide comments that might be helpful to the selection committee.

- The description and indication of participation noted by the applicant above are accurate. YES NO
- The applicant presented her/himself in a professional manner while in my classroom and school. YES NO
- The applicant was motivated to participate in a wide range of classroom activities. YES NO

Please comment on the applicant's engagement with students:

Other comments:

Teacher Signature _____

Date _____

(Attach typed pages if you require additional room for comments.)

Elementary Master in Teaching Prerequisite Evaluation

University of Washington – College of Education
 Office of Student Services
 206 Miller, Box 353600
 Seattle, WA 98195-3600
 (206) 543-7834
edinfo@u.washington.edu

Please turn this form in with your transcripts for evaluation by the Office of Student Services. If you attended an institution other than the UW, please attach course descriptions. This completed form must be included with your application packet. It is highly recommended that you have this completed at least 4-6 weeks before turning in your application. A copy of this form will be mailed to you once this evaluation is complete. The official copy will be held for your application file.

Name: _____ Phone: _____

Address: _____ Email: _____

The Office of Student Services will complete the section below. A checked box indicates that the prerequisite has been met. All other courses must be completed before entering the program. Please contact edinfo@uw.edu for a list of community college equivalents.

Met	Prerequisite	Course	School/College
	Education of an Ethnic Group - Must pertain to the teaching of ethnic minority groups in the US. Examples include "Teaching African American Students" and "Multi-Ethnic Curriculum and Instruction". A full list of UW courses includes: AES 340, EDC&I 424, 425 453, 464, 469, 474, SOC 292.		
	Math for Elementary Teachers - Basic concepts of numbers and operations. Emphasizes problem solving, communication of mathematical ideas, and analysis of sources of difficulty in learning/teaching these concepts. An exemption test is available. Applicants have one opportunity to pass the test or the course is required. EDUC 170 is offered at UW.		
	Child Development - Theoretical perspectives and research methods in child development with an overview of historical and current works. Includes prenatal and biological development, the development of cognitive, linguistic, and social and emotional abilities. UW courses NURS 201, PSYCH 206 or 306 and EDPSY 304 meet this requirement.		

Evaluated by: _____ Date _____
Name *Date*



CHARACTER AND FITNESS SUPPLEMENT

Please complete the following questions carefully and completely before providing information and signing the affidavit. **Any falsification or deliberate misrepresentation, including omission of a material fact, in completion of this application can be grounds for denial of certification, or in the case of a certificate holder, reprimand, suspension, or revocation of the educational certificate, credential, or license.**

ALL REQUIRED DOCUMENTATION REQUESTED BELOW MUST ACCOMPANY THIS FORM. ALL QUESTIONS MUST BE ANSWERED. IF ADDITIONAL SPACE IS NEEDED, ATTACH ON A SEPARATE SHEET OF PAPER.

SECTION I - PERSONAL INFORMATION (please print or type)				
1. NAME	LAST	FIRST	MIDDLE	2. MAIDEN NAME
3. ADDRESS				4. DATE OF BIRTH
CITY/STATE/ZIP				5. SOCIAL SECURITY NO. (OPTIONAL)
6. TELEPHONE				7. E-MAIL
BUSINESS: ()				HOME: ()
8. Please list all former names you have used and approximate dates of use. (If more than three, list on separate sheet of paper.)				
				Date
				Date
				Date

SECTION II - PROFESSIONAL FITNESS		
Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	1. Have you ever held or do you currently hold a Washington education certificate?
<input type="checkbox"/>	<input type="checkbox"/>	2. Have you ever held or do you currently hold any education certificate, credential or license authorizing service in the public/private schools in another state, province, territory, or country? If "yes," list the states, provinces, territories, and/or countries:
<input type="checkbox"/>	<input type="checkbox"/>	3. Are you currently or have you ever been the subject of any certificate or licensing investigation or inquiry by any certification or licensing agency for allegations of misconduct? If "yes," on a separate sheet of paper, list the agency, including complete address and telephone number as well as the purpose of the investigation or inquiry.
If you answer "yes" to questions 4 through 11 (Section II), on a separate sheet of paper, give a complete explanation, including duties, circumstances, and supporting documentation.		
<input type="checkbox"/>	<input type="checkbox"/>	4. Have you ever had any adverse action taken on any certificate or license? (Adverse action includes letters of warning, reprimands, suspensions [including stayed], revocations, voluntary surrenders, or voidance.)
<input type="checkbox"/>	<input type="checkbox"/>	5. Have you ever been denied, or otherwise rejected for cause, an education certificate, credential, or license?
<input type="checkbox"/>	<input type="checkbox"/>	6. Have you ever withdrawn an application for any education certificate, credential, or license?
<input type="checkbox"/>	<input type="checkbox"/>	7. Have you ever practiced in any educational position in a public school for which you did not hold the appropriate valid educational certificate, credential, or license for that position?
<input type="checkbox"/>	<input type="checkbox"/>	8. Have you ever been dismissed, discharged, or fired from any employment position involving children or dependent adults? (Do not include RIFs)
<input type="checkbox"/>	<input type="checkbox"/>	9. Have you ever resigned from or otherwise left any employment (e.g., settlement agreement) while allegations of misconduct were pending?

Yes No

10. Have you ever been disciplined by a past or present employer because of allegations of misconduct?

11. Are you currently or have you ever been the subject of any investigation or inquiry by an employer because of allegations of misconduct?

SECTION III - CRIMINAL HISTORY

If you answer "yes" to any of the questions 1-5 (Section III), please provide the following:

A. On a separate sheet of paper state the following:

- a. A detailed statement including what occurred, the nature of the offense, charge or warrant.
- b. The name and address of the arresting agency.
- c. If a court was involved, the name and address of the court.
- d. The date of the arrest.
- e. The final disposition, if any.

B. If a court was involved, provide a copy of the court docket (can be obtained at the court in which the charge[s] were filed).

C. Provide a copy of the complete arresting officer's report.

D. If a court was involved, provide the sentence and judgment (can be obtained at the court in which the charge[s] were filed).

E. If the arrest was driving related, provide a copy of a current and complete 5-year driving abstract.

NOTE: For questions 1, 2, 3, DO NOT include minor in possession (MIP)/minor in consumption (MIC) occurring more than 2 years ago or driving under influence (DUI) occurring more than 5 years ago.

Yes No

1. In the last 10 years, have you ever been arrested for any crime or violation of the law? (Do NOT include Minor in Possession [MIP]/Minor in Consumption [MIC] occurring more than 2 years ago or Driving Under Influence [DUI/DWI] occurring more than 5 years ago.) (Note: For "yes" responses to 1, 2, 3, even if your case was dismissed or your record was sealed you must answer this question in the affirmative.) You need not list traffic violations for which a fine or forfeiture of less than \$300 was imposed.

2. In the last 10 years, have you ever been fingerprinted as a result of any arrest for any crime or violation of the law?

3. In the last 10 years, have you ever been convicted of any crime or violation of any law? (Note: For the purpose of this question "convicted" includes [1] all instances in which a plea of guilty or nolo contendere is the basis of conviction, [2] all proceedings in which a sentence has been suspended or deferred, [3] or bail forfeiture.) You need not list traffic violations or fines for which a fine or forfeiture of less than \$300 was imposed.

4. Have you ever been convicted of any felony crime?

5. Do you currently have any outstanding criminal charges or warrants of arrest pending against you? This would include Washington State, any other state, province, territory, and/or country.

6. Have you ever been or are you presently under investigation in any jurisdiction for possible criminal charges? If your answer is "yes," identify agency and location (street address, city, state) and the circumstances or details relating to the investigation on a separate piece of paper.

SECTION IV - FITNESS

If you answer "yes" to any question (Section IV), provide a written explanation on a separate sheet of paper:

Yes No

1. Have you ever exhibited any behavior or conduct which might negatively impact your ability to serve in a role which requires a certificate, credential, or license?

2. In the past 10 years, have you ever engaged in any conduct which resulted in the damage or destruction of property? (For purposes of questions 2 and 3, property includes both real and personal property owned by you or another. Do not list damages done as the result of an automobile accident.)

3. In the last 10 years, have you ever threatened to damage or destroy property?

4. Have you ever engaged in any conduct which resulted in the physical injury or harm of any person(s)? (Do not list injury or harm caused as the result of duties performed due to a job assignment such as police officer, armed forces member, or athlete.)

5. Have you ever threatened to do physical injury or harm to any person(s)? (Do not list threats issued as the result of duties performed due to a job assignment such as police officer, armed forces member, or athlete.)

SECTION IV - FITNESS

- Yes No
 6. Do you have a medical condition which in any way impairs or limits your ability to serve in a certificated role with reasonable skill and safety?
- N/A 7. If you use chemical substance(s), does this use in any way impair or limit your ability to serve in a certificated role with reasonable skill and safety?
- N/A If you disclosed a "yes" answer to questions 6 or 7 above, are the limitations or impairments caused by your medical condition(s) or substance abuse reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? Please explain on a separate sheet of paper and provide the name, address, and telephone number of the program.
8. Do you currently use illegal drugs?
9. Have you used illegal drugs in the last year?
- N/A If you disclosed a "yes" answer to question 9 above, have you successfully completed or are you participating in a supervised rehabilitation program? Please explain on a separate sheet of paper and provide the name, address, and telephone number of the program.

If you answer "yes" to questions 10 or 11, attach copies of any court orders entered in the proceeding.

- Yes No
 10. Have you ever been found in any dependency or domestic relation matter to have sexually assaulted or exploited any minor?
11. Have you ever been found in any dependency or domestic relation matter to have physically abused any person?

If you answer "yes" to questions 12 or 13, and a repayment agreement has been established, attach copies of the repayment agreement from the appropriate agency.

- Yes No
 12. Are you currently in default status on any educational loan or scholarship? (Do not include loans that are currently in a compliant deferment status.)
13. Are you currently in non-compliance with a support order?

SECTION V - CHARACTER REFERENCES

List three individuals, not related to you, who will serve as character references.

NAME	TELEPHONE NUMBER ()
MAILING ADDRESS	CITY/STATE/ZIP
NAME	TELEPHONE NUMBER ()
MAILING ADDRESS	CITY/STATE/ZIP
NAME	TELEPHONE NUMBER ()
MAILING ADDRESS	CITY/STATE/ZIP

*** ATTENTION ***

Please complete the appropriate sections on the next page (pg. 4 of 4).

ALL APPLICANTS MUST COMPLETE THE AFFIDAVIT

AFFIDAVIT

I, _____ certify (or declare) under the penalty of perjury under the laws of the state of Washington that the foregoing and all information included in the application is true and correct.

If the information provided or answer(s) to any question on the application or character and fitness supplement changes prior to my being granted certification, I must immediately notify the Office of Professional Practices and my college/university if I am a college/university candidate.

I understand I must answer this application truthfully and completely. Any falsification or deliberate misrepresentation, including omission of a material fact, in completion of this application can be grounds for denial of certification, or in the case of a certificate holder, reprimand, suspension, or revocation of the educational certificate, credential, or license.

SIGNATURE

DATE

CITY/STATE

COLLEGE/UNIVERSITY STUDENTS ONLY

Please also complete the release below:

AFFIDAVIT

I hereby authorize _____ to release, orally or in writing as may be requested, all student records and other personally identifiable information to the Office of the Superintendent of Public Instruction (OSPI) for the purpose of investigating and determining my eligibility for Washington State certification pursuant to RCW 28A.410, WAC 180-86, and WAC 180-87, as now or hereafter amended.
(name of college/university)

SIGNATURE OF APPLICANT

DATE