

## Checklist for Secondary Master in Teaching Application

*Application deadline for Spring 2013 is October 5, 2012*

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

	Online Application to Graduate School	<a href="http://education.washington.edu/prospective/applying">http://education.washington.edu/prospective/applying</a>
	Resume	Detailing work/educational, volunteer experience, etc.
	Goal Statement	300 to 500 word statement. Prompt for statement is on the TEP application website.  <a href="http://education.washington.edu/areas/tep/secondary/secondary_apply.html">http://education.washington.edu/areas/tep/secondary/secondary_apply.html</a>
	Personal History Statement	This is an optional statement in the online application which allows you to provide any information about your personal background
	Endorsement Evaluation Form	To be completed by UW subject advisor
	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
	Unofficial Transcripts from all schools attended	Unofficial transcripts can be uploaded in the online application.
	West-B scores	West-B subtests, Reading, Writing, and Math must be passed by application deadline.

# Checklist for Secondary Master in Teaching Application

Application deadline for Spring 2013 is October 5, 2013

Please submit paper materials to:

Office of Student Services  
206 Miller, Box 353600  
Seattle WA 98195-3600

	<b>Complete endorsement coursework</b>	All endorsement coursework must be completed before starting the program.
	<b>Complete Education of an Ethnic Group course</b>	<p>If not already completed, must be completed before the program start.</p> <p>Courses vary by quarter. UW courses that meet this requirement include:</p> <ul style="list-style-type: none"> <li>EDC&amp;I 424 Multiethnic Curriculum and Instruction</li> <li>EDC&amp;I 425 Instructional Strategies for Minority Students</li> <li>EDC&amp;I 453 Teaching the Bilingual-Bicultural Student</li> <li>EDC&amp;I 464 Educating Native American Youth</li> <li>EDC&amp;I 469 Teaching African American Students</li> <li>EDC&amp;I 474 Multi-Ethnic Studies</li> </ul> <ul style="list-style-type: none"> <li>AES 340 Race, Ethnicity, and Education</li> <li>AIS 431 History of American Indian Education</li> <li>Soc 292 Public Schooling in America</li> </ul> <p>Community College options are also available. Email <a href="mailto:mnielsen@uw.edu">mnielsen@uw.edu</a> for options.</p>
	<b>Bachelor's degree completed</b>	<p>If you are not starting under the UW undergraduate pathway, your bachelor's degree must be confirmed before starting the program.</p> <p>If you are starting under the UW undergraduate pathway, your bachelor's degree must be earned before Summer or Autumn quarter. See "endorsement coursework parameters".</p>

*The Endorsement Tests are required before a candidate can proceed with full time student teaching*

	<b>WEST-E Subject Test</b>	WEST-E must be passed before student teaching.
	<b>Oral and Written ACTFL – World Language candidates only</b>	World Language students must achieve a minimum of Advanced Low on both the Oral and Written ACTFL in the target language.

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.



# MIT Endorsement Evaluation

INSTRUCTIONS FOR APPLICANTS: Submit your transcripts and other supporting documents (i.e. course descriptions, syllabi) for review by the **relevant academic departmental adviser at the University of Washington**, regardless of where you did your undergraduate study. See list of departmental advising offices for contact information. **This form must be on file by the MIT application deadline.** Note that in addition to completing the coursework listed below, there is also one MIT prerequisite - a course pertaining to Education of an Ethnic Group that must be completed before the program starts. Please contact the Office of Student Services for further application information.

INSTRUCTIONS FOR ADVISORS: Please complete the form below and provide the applicant with a copy. Please also send a copy to the Office of Student Services, College of Education, Box 353600. Contact us with questions: 543-7834 or edinfo@u.washington.edu.

Applicant: \_\_\_\_\_ email address: \_\_\_\_\_

Address \_\_\_\_\_ Day phone \_\_\_\_\_

•  **ENDORSEMENT REQUESTED:** \_\_\_\_\_

Number of credits completed: \_\_\_\_\_

Number of credits remaining (including current quarter): \_\_\_\_\_

List courses to complete this endorsement and when/where courses will be taken:           QTR   College/University



UW Adviser Signature: \_\_\_\_\_ Department: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor's email: \_\_\_\_\_ Phone: \_\_\_\_\_

•  **ENDORSEMENT REQUESTED::** \_\_\_\_\_

Number of credits completed: \_\_\_\_\_

Number of credits remaining (including current quarter): \_\_\_\_\_

List courses to complete this endorsement and when/where courses will be taken:           QTR   College/University



UW Adviser Signature: \_\_\_\_\_ Department: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor's email: \_\_\_\_\_ Phone: \_\_\_\_\_



## ENDORSEMENTS FOR THE UNIVERSITY OF WASHINGTON TEACHER EDUCATION PROGRAM

The endorsements listed below are available full time or, in conjunction with another subject, will provide the required full time student teaching experience. Contact the UW academic department for an endorsement evaluation; be sure to provide a complete set of transcripts and course descriptions/syllabi when arranging your evaluation. A minimum of 2.0 is required for endorsement courses unless set higher by the department. Availability of student teaching is dependent upon participating schools.

Biology	available/full time	543-1689, helenb@uw.edu
Chemistry	available/part time	543-9343, advisers@chem.washington.edu
Chinese	available/limited	685-1269, asianadv@uw.edu
Earth Sciences	limited/part time	<b>Astronomy</b> 543-1988, office@astro.washington.edu <b>Atmospheric Sciences</b> 543-4576, advise@atmos.washington.edu <b>Earth Sciences/Geology</b> 543-1190, advising@ess.washington.edu <b>Oceanography</b> 543-5039, student@ocean.washington.edu
English Language Arts	available/full time	543-2634, engladv@uw.edu
French	available/full time	616-5366, sabri@uw.edu
History	available/full-time	543-5691, histadv@uw.edu
Japanese	available/limited	685-1269, asianadv@uw.edu
Mathematics	available/full time	543-6830, miller@math.washington.edu
Physics	available/part time	685-2046, tosti@phys.washington.edu
Science	available/full time	See the department adviser in the subject you have the most credits
Social Studies	available/full time	543-5691, histadv@uw.edu
Social Studies for AES majors	available/full time	mgewing@uw.edu
Spanish	available/full time	543-2075, spsadv@uw.edu
Theater Arts	limited/part time	543-4204, uwdrama@uw.edu

The subjects below do not have full time student teaching availability in the MIT program, but students may be able to add these endorsements by special arrangement through the Teacher Education Office. Be sure to have your transcripts evaluated by the appropriate adviser and turn that evaluation in with your MIT application.

Dance	543-9843, uwdance@uw.edu
English Language Learners	616-9610, mnielsen@uw.edu
Special Education	425-299-1555, lrothenb@uw.edu



## 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.
<b>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.</b>		
<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 detailed statement including what occurred, the nature of the offense, charge or warrant.
  - The name and address of the arresting agency.
  - If a court was involved, the name and address of the court.
  - The date of the arrest.
  - 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