BRESCIA UNIVERSITY SCHOOL OF EDUCATION APPLICATION FOR ADMISSION INTO SCHOOL OF EDUCATION

Name					
Last		First	Middle		(Maiden)
Address (Home)					
	Street		City	State	Zip
Address (Local)					
	Street		City	State	Zip
Telephone (Local)		Telephone (Home)_		al Security	
Email (Brescia)					
	Date of				
Gender: Male or Fema	ale Birth:	Ethr	iicity:		
CASE: Rea	dina	Math	Writing		
Date(s) of Exam(s):	•		•	-	
	[Must have pas Test taken Test taken Programs: (ch Early Childhood 5) 5) <u>and</u> Learning 8 5-9) of Specializations	Sed Praxis II Con Score Score Education (Birth – a Behavior Disorders	Date Date ge 5)		w:]
Secondary – Ma				(F-12)	
Art (P-12)	Spanish (P-1	2)			
Endorsements:	_English as a Sec	cond Language	Learning & Beha	vior Disorders (8-	12)
1 – Low	Using th 2 – Below Ave		luate yourself on th ige 4 – Above		5 – Very Good
Oral (Comp	sh Composition (Communication Detence in area o ssional attitude		urself clearly and co	rrectly in writing.)	

Take some time to reflect on these three questions. The nature and quality of your written responses will be considered, together with your oral presentation, as evidence of your teacher dispositions and competence with the English language. **Please type each question with your response and attach the document to the application.**

- 1) Why have you chosen the teaching profession?
- 2) Describe your experience with school-aged children (could range from pre-school through high school).
- 3) What qualities do you think an effective teacher possesses?

NOTE: Three current Brescia faculty references are required and should be chosen in the following manner:

Interdisciplinary Early Childhood: Two from the School of Education faculty, one faculty of candidate's choice (but either Social Work or Speech Pathology is suggested).

Elementary: Two from the School of Education faculty, one more faculty of the candidate's choosing.

<u>Middle School</u>: One from the School of Education faculty and one faculty from each of the candidate's two areas of specialization.

Secondary: One faculty from the School of Education faculty, at least one faculty from the candidate's teaching major(s), and one more faculty of the candidate's choosing (if three have not been selected in the above process). **Special Education**: Two from the School of Education faculty (one must be from the Special Education faculty), and (if including Elementary certification) one faculty of the candidate's choosing, or (if including Middle School certification) one faculty from candidate's other area of specialization.

*****Please obtain consent of the faculty member prior to listing him/her as a reference*****

 Department
 Department
 Department

Please check the following two statements:

_____I have read and promise to adhere to the Professional Code of Ethics for Kentucky School Certified Personnel.

_____I declare that I possess good moral character and that I have never been convicted of a felony or crime involving moral turpitude, or misdemeanor (other than a moving traffic violation), been found guilty, or entered a plea of nolo contendere (no contest), even if adjudication was withheld, in Kentucky or any other state and that all of the information given by me on this form is true and correct. (Kentucky Revised Statute 161.120 provides that a certification may be revoked upon determination that false information was presented toward obtaining the certification.)

Signature:	Date:					
DO NOT WRITE BELOW THIS LINE						
Grade Point Average	Faculty Evaluation: Satisfactory	Unsatisfactory				
Application Accepted Application Deferred Application Denied	Reason for "Unsatisfactory" or other comments:					
Additional Comments:						