ADMISSION TO THE TEACHER PREPARATION PROGRAM

Students should apply to the Teacher Preparation 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 ENG 111 or 113 (ENG 1110 or 1130) – Composition I and ENG 211 (ENG 2110) - Composition II

3. “C” or better in EDFD 202 (EDFD 2020) – Introduction to the Teaching Profession

4. “C” or better in EDFD 203 (EDFD 2030) – Child & Adolescent Development (FCS majors must take FCS 323 instead)

5. “C” or better in COMM 101 (COMM 1010) – Speech Communication

6. “C” or better in MATH 151 (MATH 1330) – College Algebra

7. Praxis CORE or ACT/SAT Test scores:
   - Reading
   - Math
   - Writing

   Please contact the Teacher Preparation office for the most current cut scores accepted.


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: Sandy Norris
Searcy, AR 72149-2254
Telephone: (501) 279-4050

Updated April, 2019
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. ________ Praxis CORE Test. Sign up online at www.ets.org. Be sure to have your scores sent to Harding University.

   OR

   ACT scores (Residual ACT exam can be taken in the Harding University Office of Testing & Evaluation).

5. ________ Curriculum Plan for Admission to Teacher Preparation Program. Have your academic advisor sign this form. Return to the Teacher Preparation Office. (Form E)
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) __________________________________________ Minors ____________________________

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.

Teacher Preparation Office
Thornton Education Center 130
P.O. Box 12254
Attn: Sandy Norris
Searcy, AR 72149-2254
Telephone: (501) 279-4050

OFFICE USE ONLY:

Curriculum plan date: ____________________________ Cumulative Overall GPA: ____________________

Required Courses:

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<th>Course</th>
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<tr>
<td>ENG 111/113</td>
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</tr>
<tr>
<td>ENG 211</td>
<td>(2110)</td>
</tr>
<tr>
<td>MATH 151</td>
<td>(1330)</td>
</tr>
<tr>
<td>COMM 101</td>
<td>(1010)</td>
</tr>
<tr>
<td>EDFD 202</td>
<td>(2020)</td>
</tr>
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<td>EDFD 203</td>
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Scores:

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<tbody>
<tr>
<td>MATH</td>
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</tr>
<tr>
<td>READING</td>
<td></td>
</tr>
<tr>
<td>WRITING</td>
<td></td>
</tr>
</tbody>
</table>

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 __________

Form A
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 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______________________

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 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.

Teacher Preparation Office
Thornton Education Center 130
HU Box 12254
Attn: Sandy Norris
Searcy, AR 72149-2254
Telephone: (501) 279-4050

Form C
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:__________________

Form D
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 Area: ____________________________

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: Sandy Norris, Harding University, Searcy, AR 72149-2254

Rating Scale

Exceptional—Satisfactory—Needs Improvement—Unsatisfactory

Rating

1. Professionalism  4—3—2—1

arrives punctually and prepared for classes and required activities, dresses appropriately, communicates professionally with others

2. Reflection  4—3—2—1

seeks and uses feedback to change ineffective processes

3. Curiosity  4—3—2—1

asks questions, shows curiosity and enthusiasm for content, seeks deep understanding

4. Honesty  4—3—2—1

exhibits honesty and integrity in coursework, with other students and teachers

5. Dedication  4—3—2—1

actively participates in class, and is consistent in attendance, exhibits a positive attitude, is prompt with work

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: ____________________________

Form D
CANNON-CLARY COLLEGE OF EDUCATION  
HARDING UNIVERSITY  

Evaluation of Teacher Candidate’s Professional Dispositions  

Student Name: (please print) _______________________________  
HI# _______________________________

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 Area: __________________________

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: Sandy Norris, Harding University, Searcy, AR 72149-2254

Rating Scale  
Exceptional—Satisfactory—Needs Improvement—Unsatisfactory  
4——3——2——1

Professional Dispositions  

1. Professionalism  
arrives punctually and prepared for classes and required activities, dresses appropriately, communicates professionally with others  
Rating 4——3——2——1

2. Reflection  
seeks and uses feedback to change ineffective processes  
Rating 4——3——2——1

3. Curiosity  
asks questions, shows curiosity and enthusiasm for content, seeks deep understanding  
Rating 4——3——2——1

4. Honesty  
exhibits honesty and integrity in coursework, with other students and teachers  
Rating 4——3——2——1

5. Dedication  
actively participates in class, and is consistent in attendance, exhibits a positive attitude, is prompt with work  
Rating 4——3——2——1

6. Writing Skills  
Rating 4——3——2——1

7. Oral Skills  
Rating 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: ________________

Form D
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 Area: ________________________________

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: Sandy Norris, Harding University, Searcy, AR 72149-2254

Rating Scale

Exceptional—Satisfactory—Needs Improvement—Unsatisfactory
4—3—2—1

Professional Dispositions                               Rating

1. Professionalism ———————————————————————————————————————————————————— 4—3—2—1
    arrives punctually and prepared for classes and required activities, dresses appropriately, communicates professionally with others

2. Reflection ———————————————————————————————————————————————————— 4—3—2—1
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    exhibits honesty and integrity in coursework, with other students and teachers

5. Dedication ———————————————————————————————————————————————————— 4—3—2—1
    actively participates in class, and is consistent in attendance, exhibits a positive attitude, is prompt with work

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: ____________________________

Form D
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.

<table>
<thead>
<tr>
<th>Term:</th>
<th>Year:</th>
<th>Term:</th>
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</tbody>
</table>

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.)