Undergraduate Teacher Education Application Form

This form must be completed by all Students planning to complete the approved teacher preparation programs in an undergraduate secondary area, IDS Special Education, Primary/Elementary, and all K-12 areas (physical education, foreign language, art, music, theatre, etc.).

1. Section 1: Complete and sign Section 1 of the “Undergraduate Teacher Education Application Form.”
   - Complete Item b. by indicating your selection.
   - Complete Item c., the Professional Disposition Survey on Blackboard by following the instructions.
   - Complete Item d. and sign your name as requested.

3. Section 2: Meet with one of your faculty to complete the Faculty Comment Form, Page 4, and sign this section. If you are a distance learning student, meet with your Site Director to complete the Faculty Comment Form and to sign this section.

4. Section 3: Meet with your major academic advisor to complete and sign Section 3.
   If you are a distance learning student, meet with your TTN Site Director who will review and send the Undergraduate Teacher Education Application to the major academic advisor on-campus to complete and sign Section 3.

5. Section 4: Will be completed and processed by the Office of Clinical Experiences.


8. Submit the completed and signed application with all documents included to the Office of Clinical Experiences, 2345 Education Building.

9. When the admission process is completed, the Office of Clinical Experiences will notify you and your major academic department of your status, by mail.

8. If you did not pass Praxis I, the student will be notified to submit the passing praxis scores as soon as they are completed. This must be achieved prior to completing the admission process. The student must be admitted in an Undergraduate Teacher Education program prior to enrolling for a practicum course as outlined in the major curriculum.

I have read and understand the instructions outlined above and will follow them accordingly. __________ (initial)
Section 1. To be completed by student.

Name ___________________________________________________________   ODU Email___________________________________

Last                                       First                                           MI
Cell _________________________ Home________________________ UIN: ________________ SSN: ___________________________

Address________________________________________________________________ _______________________________________

Distance Learning Student ☐ Yes ☐ No 
Distance Learning Site _________________________________________

Academic/Major Dept. ______________________________   Area Seeking endorsement___________________________________

a. All applicants are required to provide a signed authorization form for the release of any disciplinary actions contained in the Old Dominon University student's record. We request that you complete the form on page 5 and submit it with this application.

b. Have you been found in violation of the Code of Student Conduct or Disciplinary Code at ODU? ☐ Yes ☐ No _____ (initial)

If Yes, attach explanation.

   I understand that if I am found in violation of the Code of Student Conduct, I must notify my academic advisor and The Office of Clinical Experiences. ______________ (initial)

c. Have you completed the Professional Dispositions Survey?  ☐ Yes  ☐ No

If No, complete the Professional Dispositions Survey prior to submitting this form, available at: www.odu.edu/tes

d. Acknowledgement

I am applying for entry into the Old Dominion University Undergraduate Teacher Education Program and understand I must continue to meet the continuance and exit requirements to complete the program. ☐ Yes ☐ No ____________ (initial)

I agree to abide by and support the rules, regulations, and honor code of the University as set forth in the University Catalog. ☐ Yes ☐ No ____________ (initial)

I certify that:

☐ I have been convicted of a felony. ☐ Yes ☐ No ____________ (initial)

☐ I have been found guilty of a misdemeanor involving children or drugs. ☐ Yes ☐ No ____________ (initial)

☐ I have had a teaching certificate or license denied, revoked, invalidated, cancelled, or suspended. ☐ Yes ☐ No ____________ (initial)

☐ I have been the subject of a founded complaint of child abuse or neglect. ☐ Yes ☐ No ____________ (initial)

If you answer “Yes” to any item above, please submit an explanation signed and attached with this application.

I have been advised that having a criminal conviction of any type, having been the subject of a founded child abuse or neglect complaint, or having had a teaching license revoked or invalidated, I may not be able to be placed in a field experience/internship required for my approved teacher education program. If I do complete the program, I will be required to disclose my convictions and/or founded complaints on my application for a Virginia Department of Education application for a teaching license. I will have to provide a written explanation of the conviction and/or founded complaint with documentation of the disposition of the conviction or complaint. I may be required to appear before the Virginia Board of Education. After reviewing the information, the Virginia Board of Education may or may not award me a Virginia teaching license. If I am awarded a teaching license, school divisions still have the option to choose not to hire me due to the criminal conviction or complaint. I have been advised that if I choose to continue to pursue this program, I do so at my own risk.

I acknowledge that have read and understand the information above.   Yes _____   No _____

Student’s Signature _____________________________________________                         Date _________________________________
Section 2. To be signed by the Old Dominion University Faculty. Complete and sign the attached Faculty Comment form on page 4. If you are a distance learning student, this section and the Faculty Comment Form are signed by the Site Director.

Faculty/TTN Site Director’s Signature ________________________________ Date _______________________________

Section 3. To be completed by Academic Major Department Advisor. A minimum GPA of 2.75 in the major, content and overall with all grades C- or higher (depending on your program) is required for admittance. IDS-TP requires a minimum GPA of 2.8 with all grades of C or higher.

As the academic major department faculty/advisor, I am certifying the information listed below is correct:

Old Dominion University GPA in Major ________ Old Dominion University Overall GPA ________ Transfer hours earned: ________

Recommendation for acceptance:  □ Yes  □ No. Explain (write attachment if necessary) Catalog Year: ________________________________

Signature ________________________________________________ Date ________________________________

Major Academic Department/Faculty Advisor/TTN Site Director

Section 4. Bring this form with a copy of your passing Praxis Core Academic Skills Scores, or approved equivalent scores, or passing Praxis I scores (if achieved prior to December 31, 2013) to The Office of Clinical Experiences, Education Building, Suite 2345. (This section is to be filled out by Office of Clinical Experiences.)

Old Dominion University Overall GPA__________ Professional Core GPA __________ (min. 2.75/2.8 with all grades C-/C or better)

Praxis Core Academic
Skills Scores:  Math ________ P/F  Reading ________ P/F  Writing ________ P/F

Praxis I scores:  Math ________ P/F  Reading ________ P/F  Writing ________ P/F  Composite Score ________ P / F

VCLA scores:  Reading ________ P/F  Writing ________ P/F  Composite Score ________________ P / F

SAT scores:  Verbal ________ P/F  Mathematics ________ P/F  Composite Score ________________ P / F

ACT scores:  English/Reading ________ P/F  Mathematics ________ P/F  Composite Score ________________ P / F

Praxis II scores:  Specialty Area __________________________ Score ________________ P / F

Comments:

Approved □  Denied □

Director of the Office of Clinical Experiences Signature ________________________________ Date ________________

Status Update (to be used by the Office of Clinical Experiences)
Faculty/TTN Site Director Comment Form

Faculty Comments
If there are elements of professional development or instructional development competencies that need more attention, please provide specific examples of how the teacher candidate may strengthen this area.

In the space below, the teacher candidate will briefly outline plans to strengthen or improve areas noted by the clinical faculty.

Print Name of Student ____________________________ Signature of Student ____________________________ Date __________

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AUTHORIZATION FOR RELEASE OF DISCIPLINARY RECORDS

Section I. To be completed by the Student.

Name (print): _______________________________________________ UIN: ___________________

Last                                      First                              MI

I hereby authorize the Vice President for Student Affairs, or designee, to release to the Director of the Office of Clinical Experiences, or designee, any information contained in my student records (including copies of the records themselves) which is necessary to respond to Section II below. I understand that the information contained therein is confidential and will not be released to a third party.

Signature _____________________________________                 Date ____________________

Do not print below this section

TO:  Vice President for Student Affairs

FROM: Director, Office of Clinical Experiences

The above named student is applying to the College of Education and Professional Studies to perform his/her student teaching requirement. If the student was ever subject to disciplinary action while enrolled as a student, please describe briefly, attach pertinent supporting information, and return this form to the Office of Clinical Experiences, Suite 2345, Education Building. Thank you.

Section II: To be completed by the Vice President for Student Affairs or Designee

Disciplinary Action: _____________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Signature _____________________________________ Date _____________________________

(person completing form)

Name ____________________________________ Title ______________________________

(print)
Darden College of Education and Professional Studies  
Scholarship Opportunity

This information is being gathered to identify qualified candidates for possible competitive scholarships in the Darden College of Education and Professional Studies. Providing this information is voluntary. If you wish to be considered for this opportunity, please complete the information below. Thank You.

Print UIN, GPA, and Name of Teacher Candidate:  
UIN: _________________________   GPA:_______________

Last                                                                 First                                                                 Middle Initial

Are your parents/guardians graduates of the Darden College of Education and Professional Studies?

☐ Yes   ☐ No

If YES, what year did your parent/guardian graduate from the Darden College of Education and Professional Studies?

Year of graduation:     _____________________

If YES, print the name of your parent/guardian below.  
Print Name of Parent/Guardian:

Last                                                                 First                                                                 Middle Initial

Was this the name used by the parent/guardian at the time of graduation?   ☐ Yes ☐ No

If NO, please the name used at the time of graduation from the Darden College of Education and Professional Studies:

Last                                      First                                      Middle Initial

If YES, please indicate if they completed a program in the Darden College of Education leading to licensure in one of the areas listed below:

☐ Administration & Supervision
☐ Elementary Education PreK-6 (previously 4-8)
☐ Early Childhood Education PreK-3 (previously NK-4)
☐ Health and Physical Education
☐ Marketing Education
☐ Reading Specialist
☐ School Counselor
☐ Speech Pathologist
☐ Technology Education
☐ Middle School Education, 6-8
☐ Secondary Education, 6-12
☐ Special Education

Please indicate if the parent/guardian are still employed with a school division. Yes ☐ No ☐