Complete and sign this application and attached the following: any test scores not already on file in the Teacher Education Office, a CAPP or degree evaluation signed by your advisor, and a resumé.

# Personal Information

**Name:** Click or tap here to enter name (include previous names) **Gender:**  Male  Female

**ENMU ID:** Click or tap here to enter ID **Student status:**  Full-time  Part-time

**Current mailing address:** Street: Enter street

City: Enter city State: Enter state ZIP: Enter ZIP

**Permanent mailing address:** Street: Enter street

City: Enter city State: Enter state ZIP: Enter ZIP

**Current phone:** Enter current phone **Permanent phone:** Enter permanent phone

**ENMU email:** Enter ENMU email

**High school:** Enter high school **Graduation date:** Enter graduation date

# District Placement Preferences (Not Guaranteed)

**First:** Enter first placement preference **Second:** Enter second placement preference

**List family members who are employed by or attend school in the school district you are requesting and the school where they are located.**

**Family member:** Enter family member name **School:** Enter school

**Family member:** Enter family member name **School:** Enter school

**Family member:** Enter family member name **School:** Enter school

# Undergraduate Program (Choose one area only)

Early Childhood Education **(Certification:  Birth to Pre-K or  Pre-K to 3rd)**

Special Education/Elementary Education **(Endorsement area: Enter endorsement)**

Secondary Education **(Major: Enter major Minor: Enter minor)**

K-12 **(Major: Enter major Minor: Enter minor)**

# Graduate Alternative Licensure Program (Choose one area only)

Elementary  Special Education  Secondary Education

# Observations

List previous placement sites. If a public school, include the school name, grade level, and classroom teacher.

**EDF 222:** Enter previous placement site

Grade level: Enter grade level Classroom teacher: Enter classroom teacher

**BLED 350 or 334:** Enter previous placement site

Grade level: Enter grade level Classroom teacher: Enter classroom teacher

**SPED 320/328:** Enter previous placement site

Grade level: Enter grade level Classroom teacher: Enter classroom teacher

**RED 350 or 375:** Enter previous placement site

Grade level: Enter grade level Classroom teacher: Enter classroom teacher

**ECE Practicum:** Enter previous placement site

Grade level: Enter grade level Classroom teacher: Enter classroom teacher

**Elementary Methods:** Enter previous placement site

Grade level: Enter grade level Classroom teacher: Enter classroom teacher

**Secondary Methods:** Enter previous placement site

Grade level: Enter grade level Classroom teacher: Enter classroom teacher

# Test Scores

I have taken and passed the required sections of the test with the following scores:

# Essential Academic Skills Tests

**Subject area** **Score** **Date taken**

I. Reading Enter I. Reading score Enter date taken

II. Writing Enter II. Writing score Enter date taken

III. Math Enter III. Math score Enter date taken

**Professional Knowledge:**  Early Childhood  Elementary Education  Secondary Education

**Score:** Enter score **Date taken:** Enter date taken

**Content Area:**

**Score:** Enter score **Date taken:** Enter date taken

Elementary Education (Subtests I & II)  Music

Family and Consumer Science  Physical Education

General Science  Social Studies

Health  Spanish

English Language Arts  Special Education

Mathematics  Other: Enter other

**NES Essential Components of Elementary Reading Instruction (SPED):**

**Score:** Enter score **Date taken:** Enter date taken

# Acknowledgements

I verify all comments and responses on all forms contained in my application are true and accurate to the best of my knowledge.  **Acknowledge  Do not acknowledge**

I agree to allow the director and staff of Teacher Education to request academic and security clearances from appropriate agencies, and I agree to allow those agencies to share the results of background clearance.

**Acknowledge  Do not acknowledge**

The director of Teacher Education has my permission to request a confidential evaluation of my academic performance from my department record.  **Acknowledge  Do not acknowledge**

I understand this evaluation will be used to assess my capabilities and may affect my student teaching placement.

**Acknowledge  Do not acknowledge**

I have taken **and** passed **all** required tests.  **Acknowledge  Do not acknowledge**

Signature: Date: