SCSU SOE

INITIAL CERTIFICATION CHECKLIST

GRADUATE

NAME _______________________________ STUDENT ID#____________________ SSN# ____________

DATE OF BIRTH ___________________ DAYTIME CONTACT PHONE NUMBER________________________

UNDERGRADUATE ACADEMIC MAJOR__________________________________________________________

Did you complete your undergraduate degree at an institution other than SCSU? __Yes __No

NAME OF INSTITUTION ___________________________ Year ______________________________

SCSU PROGRAM ADVISER ______________________________

CERTIFICATION(S) YOU ARE SEEKING________________________________________________________

I am currently completing my final semester of certification coursework, including my student teaching semester. __Yes __No

If NO, my last term of program coursework including my student teaching semester was ___Semester ___Year

Have you achieved qualifying scores on all required Praxis II/Pearson exams? __Yes __No,

If you are seeking ECH, ELEM, or SPED, have you achieved qualifying scores on the FOR exam? __Yes __No __NA

Are your exam(s) scores posted in your Banner record? __Yes __No, I have attached score report(s)

Are you completing a DSAP plan? __Yes __No

If YES, have you attached a completed ED126 Form? __Yes __No __NA

I hereby authorize Southern Connecticut State University to release the scores I obtained on the Praxis tests administered and scored by Educational Testing Services, or the Foundations of Reading test administered and scored by Evaluation Systems, Pearson. The disclosure of this information to the CT-DOE is authorized solely for the purpose of utilizing said records in connection with my application for certification as a teacher in the state of Connecticut.

Signed ____________________________ Date ______________

Would you like assistance in applying for Certification in another state(s)? __Yes __No

Which state(s)? ______________________ ________________________________________________

For Office Use Only

Date received: __________ Initial ______ Date entered: __________ Initial ______

Processing Comments:

□ Planned Program Requested____ □ Certification Audit Requested____
□ Planned Program Received_____ □ Certification Audit Received____
□ Recorded in Sprod____ □ Recorded in SHATCMT____
□ Completed and mailed____