

**APPLICATION FOR ADMISSION TO CANDIDACY (Decision Point 1)
Master of Arts in Teaching (Initial Certification) - Early Childhood Education
DEPARTMENT APPROVAL CHECKLIST**

Note: The following items must meet the criteria as outlined in the graduate catalog and on the student's Program of Study.

Teacher Candidate: _____ Date: _____

AASU Student ID # _____

Application Approved by: _____
Graduate Program Coordinator Signature

The following items **MUST** be checked by the Graduate Program Coordinator
(Note to Student: Please submit needed documentation in the order listed below. Do not mark any items).

✓	An earned baccalaureate degree from a regionally accredited institution with a cumulative GPA of 2.5 or higher. (This criterion was met when the student was provisionally admitted).
	An earned 3.0 GPA (overall) in the last 60 hours of undergraduate work. (This criterion is analyzed by reviewing the transcript(s) submitted to Graduate Studies. The student was informed whether an appeal is necessary).
	Completed application.
	Satisfactory completion of EDUC 6000 with a grade of "B" or better EDUC 6000 (grade) _____ Satisfactory completion of EDUC 6100 with a grade of "B" or better EDUC 6100 (grade) _____ Satisfactory completion of EDUC 6200 with a grade of "C" or better EDUC 6200 (grade) _____ Overall GPA of 3.0 or higher for EDUC 6000, EDUC 6100, and EDUC 6200 GPA: _____ (Note: The Graduate Program Coordinator will review the student's file in S.H.I.P).
	Open/activated Live Text Account Date activated _____ (Note: Must attach the LiveText Data Form).
	Completion of Basic Skills Assessment requirement (check applicable method): Praxis I (no scores accepted after 3/7/07) _____ GACE _____ Exemption Scores: SAT ____ ACT ____ GRE ____ Other (circle one) (CBEST, CLAST, FTCE _____) (Note: Must attach proof of completion.)
	2 positive candidate disposition assessments from College of Education (non-Vista) faculty in LiveText. (Note: Please print and attach assessment results with the application).
	Proof of instructional liability insurance (Note: This is waived with a signed copy of the Employment Verification form). Application forms available in UH 269.
	Clear criminal background check (Note: This is waived with a signed copy of the Employment Verification form). Form must be submitted to University Hall Room 250 and <u>not</u> attached to this application. Please have someone from the Dean's Office initial to the left that this has been submitted.

The College of Education Dean's Office will send the candidate his or her application results. If the requirements for Admission to Candidacy (Decision Point 1) are satisfied, the candidate may register for the upcoming semester.

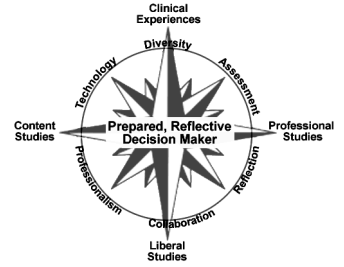
Return application to:

Dr. Elizabeth O. Crawford
Department of Early Childhood Education
University Hall Room 258

Deadlines: April 15 for Summer Admission; July 15 for Fall Admission; and November 15 for Spring Admission



**Armstrong Atlantic State University
Department of Early Childhood Education
Master of Arts in Teaching (M.A.T.)
Program with Initial Teacher Certification**



**APPLICATION FOR ADMISSION TO CANDIDACY (Decision Point 1)
Master of Arts in Teaching (Initial Certification) - Early Childhood Education**

FOR OFFICE USE ONLY. Do not write in this space.

Admitted _____ Date _____ Card No. _____

Name: _____

Last

First

M.I.

AASU 907#: _____ Date of Birth: _____

Mailing Address: _____

Permanent Address (if different): _____

Home Phone Number: _____ Cell Number: _____

Email Address: _____

Campus enrolled: ___AASU ___Brunswick ___Camden ___Liberty Center

I have reviewed this application and affirm that all criteria have been met for Admission to Candidacy for the M.A.T. Program in Early Childhood Education.

(Graduate Program Coordinator)

(Date)

Return application to:

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Dr. Elizabeth O. Crawford
Graduate Program Coordinator
Department of Early Childhood Education
University Hall Room 258

Deadlines: April 15 for Summer Admission; July 15 for Fall Admission; and November 15 for Spring Admission

10/27/2009

LiveText Disposition Request Data Form

Instructions: Please use this form to communicate to the Department of Early Childhood Education which professors were requested to complete the Disposition Assessments for Decision Point 1.

Please note that all dispositions must be received by the professors no later than two weeks prior to the application due date.

Full Name: _____

AASU ID # 907- _____

LiveText Username: _____

E-Mail Address: _____

Phone: _____

Home

Cell/Alternate

Disposition Request #1

Faculty Member Name: _____

Class taught by faculty member: _____

Semester(s) you were a student of the faculty member: _____

Date Disposition Request was sent for review: _____

Disposition Request #2

Faculty Member Name: _____

Class taught by faculty member: _____

Semester(s) you were a student of the faculty member: _____

Date Disposition Request was sent for review: _____

REQUESTING DISPOSITION ASSESSMENTS IN LIVETEXT

1. First, contact the instructor in person, via email, or via phone and let them know that you are requesting a disposition assessment from them. If they agree, proceed to the next step in the process.

2. Log into your LiveText account and create a Disposition request document in LiveText using the existing template "**Candidate Disposition Form Request**" (in the **GA: Armstrong Atlantic State University** >> **Student Template** folder).

A. Choose a folder (GA: Armstrong Atlantic State University) (Student Templates)

B. Choose a template (Candidate Disposition Form Request (Template))

3. Use the following naming convention for the Title of your document when creating your disposition request document: (***This is EXTREMELY IMPORTANT***)

(ex.)

(your full name) –(your major) – Disposition Form - Semester and Year

Jane Smith – ECE-BSED – Disposition Form – Fall08

(ECE-MAT, etc.)

4. Edit the section which requests your name, program, and other relevant information.

NOTE: This is at the bottom of the document and you may need to scroll down the page once you have clicked “edit”. Once you have typed in this information, select the “**SAVE**” button at the bottom of the page and then click the “**FINISH**” button at the top right of the page. At the top of the screen, select the “**SUBMIT FOR REVIEW**” link. In the box that pops up, type in the last name of the person who will be completing your dispositions form. A list will appear in the lower part of the pop-up box or in the top part of the pop-up box itself. Click on the appropriate reviewer’s name so that it appears in the top part of the pop-up box.

Edit Document | Submit for Review Sh

Type in individual names or usernames.
(example: John Doe, Jane Smith, or janesmith)

Submit to Reviewers:

Nancy Luke <lukenanc>

Submit | Look in: My institutions All Users

5. Select the "Submit" button. You should receive a confirmation message stating that the submission was successful. Check later in your **Reviews** area in LiveText to see the disposition form that has been filled out for you. NOTE: If you are submitting this dispositions request to more than one reviewer, you may repeat steps 4 and 5 using the same document but altering the information and searching for an additional reviewer in the pop-up box listing possible reviewers.

6. Be patient. Once your reviewer has completed your disposition form, you can check your results in your **Reviews** area. Remember to click on the “Sent for Review” tab and then click the link to view your review. **Note: To print your assessments for your application packet, click Ctrl + P.**

Early Childhood Education



COLLEGE OF EDUCATION **EMPLOYMENT VERIFICATION FORM**

<input type="checkbox"/>	Graduate Studies
<input type="checkbox"/>	Admission to Candidacy
<input type="checkbox"/>	Internship/ Internship II

SECTION A **PLEASE PRINT LEGIBLY. THIS SECTION SHOULD BE COMPLETED BY THE STUDENT.**

DEGREE SOUGHT

- Bachelor
- Master of Arts in Teaching
- Master of Education
- Other: **(Please identify)**

ACADEMIC DEPARTMENT

- Early Childhood Education (P-5)
- Middle Grades Education (4-8)
- Secondary Education (6-12)
- Health & Physical Education (P-12)
- Special Education (P-12)
- Mathematics (P-12)
- Art / Music (P-12)
- Spanish (P-12) / English (P-12)
- Other: **(Please identify)**

Home
 Work
 Mobile

BIRTH DATE (MM/DD/YYYY) **CURRENT AASU STUDENT ID** **TELEPHONE NUMBER(S)**

NAME (LAST FIRST MIDDLE) **FORMER/MAIDEN (IF APPLICABLE)**

ADDRESS

CITY **STATE** **ZIP CODE** **COUNTY**

SECTION B **THIS SECTION SHOULD BE COMPLETED BY THE SCHOOL'S PRINCIPAL OR THE PRINCIPAL'S DESIGNEE.**

PRINT NAME **TELEPHONE NUMBER(S)**

PRINT TITLE **E-MAIL ADDRESS**

PRINT SCHOOL NAME **PRINT SCHOOL DISTRICT**

PRINT SCHOOL'S MAILING ADDRESS

I, the undersigned, hereby certify that _____

is currently employed as a **full-time teacher*** at the aforesaid public school.

PRINCIPAL'S SIGNATURE **DATE**

Early Childhood Education

College of Education
Armstrong Atlantic State University
11935 Abercorn Street
Savannah, GA 31419-1997

PROFESSIONAL TORT LIABILITY INSURANCE VERIFICATION

Students enrolled in teacher education courses are required to obtain Tort Liability Insurance prior to any field experience including internship. The insurance plan should cover expenses related to civil suits brought against education students for acts or omissions that occur at a school. No amount of vigilance or professionalism can prevent some accidents. Also, a suit that incurs expenses can be brought against a person even if it is groundless. Thus, education students are required to obtain tort liability insurance.

“Effective Spring 2010, any student who applies for admission to candidacy must provide evidence of professional tort liability insurance that is valid for three (3) years of liability insurance from the date of admission.”

You will need to attach proof of coverage to this verification form. Insurance plans have different options. Ensure that your tort liability coverage has not lapsed.

Proof of coverage through a professional organization that provides Tort Liability Insurance includes: a copy of the membership letter, a copy of the membership card; or other proof of private insurance.

NB: Professional Tort Liability Insurance is not Medical Insurance Coverage.

I, _____ hold professional tort liability insurance
(Full Legal Name printed in Block Letters)

Coverage begins on _____ and expires on _____.
(year/month/day) (year/month/day)

My AASU ID# is _____ and I am enrolled in _____.
(Major/degree/certification program)

(Signature to match full legal name) DATE (year/month/day)

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Professional Associations that Offer Tort Liability Insurance Plans

There may be other educator associations that offer insurance. This is not an all-inclusive list.

American Alliance for Health, Physical Education, Recreation & Dance (AAHPERD) http://www.aahperd.org/ Liability Insurance: http://www.ftj.com
Council for Exceptional Children (CEC) http://www.cec.sped.org Liability Insurance: http://www.ftj.com
Georgia Association of Educators Student Program (GAE-SP) http://www.gae.org/content.asp?CatId=390&ContentType=Join
National Art Education Association (NAEA) http://www.arteducators.org/olc/pub/NAEA/home/ Liability Insurance: http://www.ftj.com
National Association for the Education of Young Children (NAEYC) http://www.naeyc.org/ Liability Insurance: http://www.ftj.com/naeyc/mainpage.asp
National Association of Biology Teachers (NABT) http://www.nabt.org Liability Insurance: http://www.ftj.com
National Council for the Social Studies (NCSS) http://www.socialstudies.org/ Membership Benefits: http://www.socialstudies.org/membership/benefits
National Council of Teachers of English (NCTE) http://www.ncte.org Liability Insurance: http://www.ftj.com/product_list.php
National Council of Teachers of Mathematics (NCTM) www.nctm.org Liability Insurance: http://www.ftj.com
National Education Association Student Program (NEA-SP) http://www.nea.org/student-program Educators Employment Liability Program
National Middle School Association (NMSA) www.nmsa.org Liability Insurance: http://www.ftj.com
National Science Teachers Association (NSTA) http://www.nsta.org Liability Insurance: https://www.personal-plans.com/nsta/welcome.do
Organization of American Historians (OAH) http://www.oah.org Liability Insurance: http://www.ftj.com
Student Professional Association of Georgia Educators (SPAGE) http://www.ciclt.net/pagefoundation/main.asp?RoutineCk=Display&Client=pagefoundation&PT=edit_pages&Page=spage_index
The National Association for Music Education (NEMC) http://www.menc.org Liability Insurance: http://www.ftj.com

Early Childhood Education

ATTENTION

ALL EDUCATION STUDENTS

(UNDERGRADUATE AND GRADUATE)

ALL TEACHER CANDIDATES

WILL INCUR A \$325.00

INTERNSHIP FEE.

THIS FEE WILL BE PAID THROUGH
THE REGISTRAR'S OFFICE WHEN
YOU REGISTER FOR ECMT 6750.

Student's Signature: _____ Date: _____

Name Printed: _____