



LOUISIANA COLLEGE

INSTRUCTIONS FOR APPLICATION FOR ADMISSION

Master of Arts in Teaching Program (MAT)/

Teacher Education Alternative Certification Honors Program (TEACH)

APPLICATION DEADLINES: SPRING Enrollment-December 1, SUMMER Enrollment May 1, FALL Enrollment-August 1
Applications received after the deadline are not guaranteed enrollment or financial aid for the semester requested.

INSTRUCTIONS FOR NON-CERTIFIED APPLICANTS:

1. Print in ink or type all information required on this application. Verify that all information is correct and sign the application.
2. Request two (2) OFFICIAL transcripts from ALL individual colleges and universities previously attended or currently attending. Cumulative GPA \geq 2.20 is required with a Bachelor's degree. (Please send transcripts to the address listed under number 10 below.)
3. Submit original PRAXIS PPST Exam scores (See application for exemptions. If exempt from PPST, please provide original Master's Degree Transcript, ACT, or SAT scores.)
4. Submit original PRAXIS Content Exam Scores (A print out of scores from www.teachlouisiana.net or www.ets.org is acceptable.)
5. Submit Typed and Handwritten Portal One Questions (Questions are attached.)
6. Submit completed Health and Immunization Forms (Forms are attached.)
7. Submit Notice of Intent to Employ with original employer signature (Form is attached.)
8. Submit Two Candidate Recommendation Forms (Forms are attached.)
9. Include a non-refundable application fee \$30 before application deadline OR \$50 after application deadline.
10. Mail the application with application fee and ALL completed forms listed above to:

TEACH/MAT Program
Louisiana College
PO Box 585
Pineville, LA 71359

INSTRUCTIONS FOR CERTIFIED APPLICANTS:

1. Print in ink or type all information required on this application. Verify that all information is correct and sign the application.
2. Request one (1) OFFICIAL transcript from ALL individual colleges and universities previously attended or currently attending. Cumulative GPA \geq 2.20 is required with a Bachelor's degree. (Please send transcripts to the address listed under number 10 below.)
3. Submit verification of Teacher Certification
4. Submit original GRE scores (GRE General Test)
5. Submit Typed and Handwritten Portal One Questions (Questions are attached.)
6. Submit completed Health and Immunization Forms (Forms are attached.)
7. Submit Notice of Intent to Employ with original employer signature (Form is attached.)

8. Submit Two Candidate Recommendation Forms (Forms are attached.)
9. Include a non-refundable application fee of \$30 before application deadline OR \$50 after application deadline
10. Mail the application with application fee and ALL completed forms listed above to:

TEACH/MAT Program
Louisiana College
PO Box 585
Pineville, LA 71359

ALL APPLICANTS:

Tuition and fees are due at registration each semester (Summer, Fall, and Spring). If tuition and fees are not paid at registration each semester, you will not be allowed to enroll for that semester. Tuition and fee amounts change with each academic year. For the tuition and fees due for the next TEACH/MAT academic year (begins June 1), please contact our office after April 1.

Financial assistance is available from various institutions with processes outside of Louisiana College's control. Therefore, it is imperative that early attention is given by you, the candidate, to the following applicable processes so that your finances are in place **before registration**:

- Tuition Exemption/Reimbursement may be available through the school parish where you teach. You must contact your parish for appropriate paperwork and deadlines for submission to the personnel office.
- Payment plan with www.TuitionPay.com is available. Contact the Louisiana College Business Office at 318-487-7616 with questions regarding Tuition Pay or Parish Tuition Exemption/Reimbursement.
- TEACH GRANT: Funding for high need fields and/or area of teacher shortage per federal and state guidelines. *Get the Facts* <https://teach-ats.ed.gov>
- FAFSA forms should be completed and submitted in January or as soon as possible thereafter. Go to www.FAFSA.ed.gov to complete this form. You will indicate interest in the TEACH Grant at this site.
- Federal Student Loans through government programs or Personal Loan from financial institution. (Contact our Financial Aid Office at 318-487-7386 with questions regarding Student Loans, FAFSA, or the TEACH Grant.)
Please note: The Teacher Education Department does not process any aspects of tuition or financial aid; please contact the appropriate departments listed in the section above or visit our website at <http://www.lacollege.edu/finaid/index.aspx>.



LOUISIANA COLLEGE

Application for Admission to Master of Arts in Teaching Program (MAT) / Teacher Education Alternative Certification Honors Program (TEACH)

For Office Use Only

Date Received: _____
 Application Fee Pd: _____
 Processed: _____
 Application Complete: _____

Instructions: Please print in ink or type all information. Include a non-refundable application fee of \$30 before application deadline OR \$50 after application deadline and any other required documents with this application. An incomplete application may delay processing.

ADMISSION PLAN

Year you plan to enroll at Louisiana College: Summer Yr _____ Fall Yr _____ Spring Yr _____

Applications received after the application deadline are not guaranteed enrollment or financial aid for the semester requested.

Will you need campus housing for the Summer Session? Yes / No

PERSONAL DATA

SSN _____ - _____ - _____ Name _____
 Last First Middle Maiden

Mailing Address _____
 Number / Street / Apartment # City State Zip

Residence Parish _____ Email _____

Home Phone (_____) _____ Cell (_____) _____ Other Phone (_____) _____

Date of Birth _____ / _____ / _____ Gender: Male / Female Marital Status _____
 mm dd yyyy

Military Veteran: Yes / No U.S. Citizen: Yes / No Ethnic Origin (for reporting purposes only) _____

Religious Preference (optional) _____ Church Name/Location _____

Have you ever been convicted of a felony or offense involving moral turpitude (including, but not limited to theft, rape, murder, and indecency with a minor) and/or received probation or deferred adjudication? Yes / No If yes, please explain on a separate piece of paper.

EDUCATIONAL BACKGROUND

List ALL Colleges/Universities you have attended*	Degree Earned	Major	Last Date Attended	Cumulative GPA

*If necessary, list any additional college/universities on separate piece of paper.

Is your degree from a regionally accredited institution? Yes / No

If you previously attended another college or university, are you academically eligible to return to that institution at this time? Yes / No

WORK / TEACHING EXPERIENCE

From		To		Name of Employer / Phone Number (beginning with most current)	Position Held	If teaching, do you have a temporary license (i.e. TAT, PL)?
MO	YR	MO	YR			

*If necessary, list any additional work / teaching experience on separate piece of paper.

CERTIFICATION AREA

Please indicate your current certification status: Certified Non-Certified (seeking initial teacher certification)

If you are already **certified**, please indicate the area(s) you are certified in. (Check all that apply)

If you are **not certified**, please indicate the area in which you are seeking initial certification*? (Check one only)

Elementary (1-5) Secondary (6-12) Subject: _____ Middle School (4-8) Subject: _____

All-level (K-12) Special Education Mild/Moderate (1-12)

Select one All-level certification area below:

What grade level do you teach/plan to teach in Special Ed?

Art Music Health & Physical Education

Elementary 1-5 Secondary 6-12 Middle School 4-8

*PRAXIS Exams and teaching position for Fall and Spring must correlate with the area in which you are seeking initial certification.

PRAXIS EXAMS—REQUIRED FROM NON-CERTIFIED APPLICANTS

It is a Louisiana State Department of Education requirement that you have a passing score on the following parts of the PRAXIS to enter any Alternate Certification Program. To schedule an exam, go to www.ets.org. You can also find Louisiana PRAXIS Requirements at www.ets.org to determine the current exam numbers and scores.

PRAXIS I: Pre-Professional Skills Test (PPST)

You may be exempt from the PRAXIS PPST if one of the following applies to you (check all that apply):

___ Exempt from PPST because of earned Master’s Degree (Please submit official transcripts verifying this degree.)

___ Exempt from PPST because of ACT Composite Score of 22 or higher (Please submit original ACT score report.)

___ Exempt from PPST because of SAT combined Verbal and Math Score of 1030 or higher (Please submit original SAT score report.)

If you are not exempt due to one of the reasons listed above, you must submit original PRAXIS PPST Scores with this application (a print out from the www.teachlouisiana.net or www.ets.org is acceptable). NTE passing scores are accepted if exams were taken and passed before the exam became inactive.

PRAXIS II: Content Specific Exam

Content Area Exam Taken: _____ Score: _____

Please note: If seeking certification in **Special Education Mild/Moderate** and planning to teach at the **Elementary grade level**, the **Elementary Content PRAXIS Exam (10014)** is required to be highly qualified. If seeking certification in **Special Education Mild/Moderate** and planning to teach at the **Secondary grade level**, any **Secondary 6-12 Core Content Subject Area Exam** is required to be highly qualified.

GRE SCORE – REQUIRED FROM CERTIFIED APPLICANTS

Have you taken the GRE? Yes / No If yes, please indicate date GRE was taken (Month/Year): _____

To determine eligibility, a GRE formula score of 1100 or greater is required.

Please compute score as follows: Undergraduate Grade Point Average _____ x 75 = Total (a): _____

GRE Verbal _____ + GRE Quantitative _____ = Total (b): _____

Total (a) + Total (b) = GRE Formula Score: _____

EMERGENCY CONTACT

Name: _____ Relationship: _____ Phone: _____

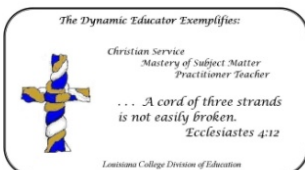
SIGNATURE

I certify that the information given above is complete and correct to the best of my knowledge. I understand that failure to provide complete and accurate information is a basis for rejection of my application. If admitted on the basis of incomplete and inaccurate information, I may be suspended and may forfeit any credits earned and all fees.

Applicant Signature

Date

10/2009



Please return all completed documents to:

**TEACH/MAT Program
Louisiana College
PO Box 585
Pineville, LA 71359**



Portal One Questions

Name: _____

Date of Birth: _____

The following five (5) questions are an important component of the application process. In answering these questions, you are making a statement about your values and your professional goals. Please take great care in answering the following questions in a professional and thoughtful manner.

A. The following questions are to be **typed** double spaced using 12 point font. Please limit your responses to **one page** in length per question.

1. What are some characteristics of a professional teacher?
2. What influenced you to become a teacher and why?
3. Share some examples of service that you have experienced from teachers that you have had. Discuss why serving others is so important as a teacher.
4. What are your professional goals as a teacher?

B. The response to the following question is a very important part of our screening process. The response will be checked for grammar and content. In the space below (and a separate sheet if necessary), answer the following question ***in your own handwriting***. (Minimum of 400 words)

How will the “life experiences” you have had in the past impact your teaching?

PROOF OF IMMUNIZATION COMPLIANCE

LOUISIANA COLLEGE

(Louisiana R.S. 17:170-Schools of Higher Learning)

Vaccine requirements applicable only to students born on or after January 1, 1957

You will not be permitted to register until this form is completed and returned.

Name: _____		
Please Print (Last)	(First)	(MI)
Semester of Enrollment: Fall _____ Spring _____ Summer _____ [YEAR] _____		
Social Security # _____ Date of Birth: _____		

REQUIRED VACCINES - Physician Must Complete This Section: (See other side)		
Measles, Mumps, Rubella(MMR) 2 Doses Required		Tetanus-Diphtheria (Td)
First dose: _____ (Date) Second dose: _____ (Date)	OR Serologic Test Date and Result: _____ (Date) (Result) OR Date of disease _____ (Date)	Last dose: _____ (Date within 10 years)
Meningococcal Vaccine (One dose required for those residing in dorms at entry into college)		
Quadrivalent vaccine (A, C, Y, W-135) Date: _____ Vaccine Type: _____		
PLEASE DO NOT SIGN THIS COMPLIANCE FORM UNLESS THE STUDENT HAS HAD THE REQUIRED VACCINES OR IMMUNE TESTS. _____ (Signature of Physician/Other Health Care Provider) (Date)		Please print office address or stamp here

RECOMMENDED VACCINES: Physician Must Complete This Section:	
Hepatitis B Vaccine	Varicella (Chicken Pox) Vaccine
First dose: _____ (Date) Second dose: _____ (Date) Third dose: _____ (Date)	First dose: _____ (Date) Second dose: _____ (Date) History of disease: Yes _____ No _____

Please make a copy of this form for your personal record.
Remember to return this completed form to the Office of Health Services, LC Box 106, Pineville, LA 71359.

Please read the following information carefully: Louisiana Law requires all students (born on or after January 1, 1957) entering Louisiana College to be immunized against Measles, Mumps, and Rubella, Tetanus-Diphtheria (within the past 10 years), and Meningococcal disease (Meningitis). The following guidelines presented on the back of this form are for the purpose of implementing the requirements of Louisiana R.S. 17:170, and of meeting the established recommendations for control of vaccine-preventable diseases as recommended by the American Academy of Pediatrics (AAP); the Advisory Committee on Immunization Practices to the United States Public Health Service (ACIP); and the American College Health Association (ACHA). Students not meeting the MMR & TD requirement will be prevented from registering for subsequent semesters.
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revised 1/07

REQUIRED: Two doses of measles vaccine; at least one dose each of rubella & mumps vaccine; a tetanus-diphtheria booster (WITHIN 10 YEARS), and meningococcal vaccine.

Measles Requirement: Two doses of live vaccine given at any age, except that the vaccine must have been given on or after the first birthday, 1n 1968 or later, and without Immune Globulin. A second dose of measles vaccine must meet this same requirement, but should not have been given within 30 days of the first dose. A history of physician-diagnosed measles is acceptable for establishing immunity, but should be accepted with caution unless you were the diagnosing physician.

Tetanus-Diphtheria requirement: A booster dose of vaccine given within the past ten years. Students can be considered to have completed a primary series earlier in life, unless they state otherwise.

Meningitis Requirement: One dose of Menomune® (MPSV4) or Menactra™ (MCV4).

Request for Exemption – MMR & Td

If you request exemption for personal or medical reasons, please check the appropriate blank and provide the information requested.

Personal Reasons _____ (State reason in space provided)

Medical Reasons _____ (State reason in space provided)

I fully understand that if I claim exemption for medical or personal reasons, I may be excluded from campus and from classes in the event of an outbreak of measles, mumps, or rubella until the outbreak is over or until I submit proof of immunization. If I am not 18 years of age, my parent or legal guardian must sign below.

Student Signature

Date

Parent or Guardian Signature

Date

Request for Exemption – Meningococcal Vaccine (Meningitis)

Meningococcal disease is a serious disease that affects the brain and spinal cord. The disease is spread through droplet transmission from the nose or throat, such as sneezing or coughing, and direct contact with oral secretions of an infected individual. This includes such things as kissing, sharing drinks, food, utensils, cigarettes, lip balm or any object that has been in someone else's mouth. Because meningitis is a grave illness and can rapidly progress to death, it requires early diagnosis and treatment. This is often difficult because the symptoms closely resemble those of the flu and the highest incidence of meningitis occurs during late winter and early spring (flu-season). When not fatal, meningitis can lead to permanent disabilities such as hearing loss, brain damage, or loss of limbs.

The U.S. Centers for Disease Control and Prevention (CDC) and the American College Health Association (ACHA) recommend that college students, particularly freshmen living in dormitories, are at a greater risk for meningitis than the general population. Behavior and social aspects of college lifestyle activities put these students at greater risk. Two meningococcal vaccines are available in the US-Menomune® (MPSV4) and Menactra™ (MCV4). The vaccinations are effective against 4 of the 5 most common bacterial types that cause 70% of the disease in the U.S. (but does not protect against all types of meningitis-DOES NOT COVER Group B serotype). Vaccinations take 7 - 10 days to become effective, with possible protection lasting 3 - 5 years. As with any vaccine, vaccination may not protect 100% of all susceptible individuals.

Who should not get the vaccine: People who have had Guillain-Barre Syndrome; Over 55 years old; Pregnant or suspect that you may be; Allergic to thimerosal, a substance found in several vaccines; Have an acute illness, with fever (101° or higher). Reactions to the vaccine may include pain, redness, and induration at the site of injection, headache, fatigue, and malaise. The vaccine is contraindicated in persons with known hypersensitivity to any component of the vaccine or to latex, which is used in the vial stopper. Because of the risk of injection site hemorrhage, the vaccine should not be given to persons with any bleeding disorder or to persons on anticoagulant therapy unless the potential benefit clearly outweighs the risk of administration. A few cases of Guillain-Barre Syndrome, a serious nervous system disorder, have been reported among people who received the vaccine. As with any vaccine, there is a possibility of an allergic reaction. Vaccination is available at Health Services (for a fee), private physician offices, and Health Units.

WAIVER OF VACCINATION AND RELEASE FROM RESPONSIBILITY

BE IT KNOWN that on this date I, _____, (Name of Student) have been fully informed by reading the Centers for Disease Control and Prevention's *Meningococcal Vaccines—What You Need to Know* Vaccine Information Statement and understand that my health could be negatively affected and my life possibly endangered by not receiving the vaccine. The reason for my completing this waiver is (check one):

___ Personal

___ Medical

___ Religious

___ Unavailability of the Vaccine

I fully understand that if I claim exemption for medical or personal reasons, I may be excluded from campus and from classes in the event of an outbreak of meningitis until the outbreak is over or until I submit proof of immunization. I declare myself to be a person of the full age of majority and to be mentally competent. I hereby assume full responsibility for any and all possible present or future results or complications of my condition as a result of not receiving the vaccination. I do further hereby now and forever free and release the University and the Department of Health and Hospitals and all its agents, attending health care professionals, and other personnel from any and all legal or financial responsibility as a result of not receiving the vaccination. I certify that I have read (or have had read to me) and that I fully understand this Waiver of Vaccination and Release from Responsibility. All explanations were made to me and all blanks completed before signing my name. I have elected to not receive the vaccination of my own free will.

Student Signature

Date

Parent or Guardian Signature

Date

Date _____

Semester of Enrollment _____

HEALTH HISTORY RECORD

Louisiana College
1140 College Drive
Pineville, LA 71359

CONFIDENTIAL
Must be completed and returned
before you register for classes.

STUDENT REPORT OF MEDICAL HISTORY

(Print)
Name _____
Last Name First Name Middle Name Nickname

Address _____
Street Address or RFD City or Town State Zip Code

Date of Birth _____ Age _____ Home phone _____ Cell phone _____

Persons to be notified in an emergency:

Name _____ Phone (____) _____ Relation _____

Name _____ Phone (____) _____ Relation _____

Personal Physician _____ Phone (____) _____

HEALTH INSURANCE INFORMATION

SUBMIT COPY OF BOTH SIDES OF INSURANCE CARD

Name of Ins. Co. _____ Subscriber's ID No. _____ Grp. No. _____

Address of Ins. Co. _____ Subscriber's Name _____

ALLERGIES

To Medication _____ Food _____

Bee Sting _____ Other allergies _____

Are you now taking allergy vaccine? _____
If you are currently taking allergy vaccine, please have your physician send pertinent information to us so that we can continue to give your allergy injections.

Current medications, including dosage _____

PERSONAL HISTORY

Have you ever or do you now have any of the following?

	Yes	No		Yes	No		Yes	No
Alcoholism or chemical dependency	<input type="checkbox"/>	<input type="checkbox"/>	Heart disease	<input type="checkbox"/>	<input type="checkbox"/>	Painful menstruation	<input type="checkbox"/>	<input type="checkbox"/>
Anemia or other blood disease	<input type="checkbox"/>	<input type="checkbox"/>	High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic fever	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	Skin disease	<input type="checkbox"/>	<input type="checkbox"/>
Bone or joint disease	<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>	Stomach trouble, intestinal disease, or ulcer	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	Major trauma, multiple injuries	<input type="checkbox"/>	<input type="checkbox"/>	Suicide attempt	<input type="checkbox"/>	<input type="checkbox"/>
Chickenpox	<input type="checkbox"/>	<input type="checkbox"/>	Migraine headaches	<input type="checkbox"/>	<input type="checkbox"/>	Tonsillitis	<input type="checkbox"/>	<input type="checkbox"/>
Convulsions	<input type="checkbox"/>	<input type="checkbox"/>	Meningitis	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had a transfusion?	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Mononucleosis	<input type="checkbox"/>	<input type="checkbox"/>	Other serious illnesses?	<input type="checkbox"/>	<input type="checkbox"/>
Drug or alcohol overdose	<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric treatment	<input type="checkbox"/>	<input type="checkbox"/>	Other medical problems?	<input type="checkbox"/>	<input type="checkbox"/>
Ear/nose/throat/ disease	<input type="checkbox"/>	<input type="checkbox"/>	Psychological problems	<input type="checkbox"/>	<input type="checkbox"/>	Handicapping conditions	<input type="checkbox"/>	<input type="checkbox"/>
Eating disorder	<input type="checkbox"/>	<input type="checkbox"/>	Psychological counseling	<input type="checkbox"/>	<input type="checkbox"/>	Hospitalization	<input type="checkbox"/>	<input type="checkbox"/>
Eye disease	<input type="checkbox"/>	<input type="checkbox"/>						

Explanation of all YES

answers _____

PERSONAL HISTORY

PLEASE ELABORATE ON ANY POSITIVE ANSWERS WITH ADDITIONAL COMMENTS IN THE SPACE PROVIDED BELOW IMPORTANT! The information contained in this form is CONFIDENTIAL and for the use of health services only.

A. Do you have any physical handicaps or disabilities? Please explain. Yes No

B. Do you have any special health requirements? Please specify. Yes No

C. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the last five years other than for routine checkups? Yes No

D. Have you ever been diagnosed and/or treated for an eating disorder? (Anorexia nervosa, bulimia or other) Yes No

E. Do you have any dietary restrictions? Yes No

F. Have you been involved in counseling or psychiatric therapy for a nervous condition, personality disorder family situation, or emotional problem? Give details. Yes No

G. Have you been treated for chemical dependency? Type? Duration of treatment program? Yes No

IN ORDER TO PROMOTE ACCESS TO MEDICAL CARE FOR STUDENTS WITH MEDICAL ILLNESS, WHETHER PHYSICAL

AUTHORIZATION FOR MEDICAL CARE AND RELEASE OF INFORMATION*

OR EMOTIONAL, EACH STUDENT EIGHTEEN (18) YEARS OF AGE (OR OVER) OR THE CUSTODIAL PARENT/GUARDIAN OF EACH STUDENT UNDER EIGHTEEN (18) YEARS OF AGE **AGREES** AS FOLLOWS:

I do hereby give and grant unto the Louisiana College school physicians and nurses my consent to perform routine medical care through Student Health Service and necessary emergency care procedures and to use their own judgment in securing medical aid and/or emergency transportation. I understand that I am financially responsible for any and all medical expenses incurred.

I further hereby give and grant unto any medical doctor or hospital my consent and authorization to render such aid, treatment, or care as may be required on an emergency basis, in the event that I should be stricken ill while under the supervision of Louisiana College personnel. This permission includes admission to a hospital, emergency surgery, administration of drugs, therapeutic procedures, etc., as deemed necessary by the attending physician.

I hereby authorize any physician or practitioner who has observed (student's name) _____ For diagnosis or treatment for any disease or ailment, and any hospital or clinic where I/she/he have or has been a patient for such diagnosis, treatment, disease, or ailment, to give full particulars thereof, upon request, to the Louisiana College Dean of Students.

If I participate in intercollegiate athletics, I give my permission for a copy of this health history to be given for the treatment of illness to the Sports Medicine Physician. Additionally, if I am seen at Student Health Service I give my permission for necessary health information to be given to the Athletic Trainer if it would affect my participation.

I give my permission to Student Health Services to inform the Director of Student Life, Student counselor, and/or the Residence Life and Housing Office of pertinent health or emotional problems so my health may be maintained in an appropriate manner. I give my permission to the Health Services Staff for a referral for student counseling services as deemed appropriate by the college physician.

A photostat of this authorization shall be valid as the original and any photostat and the original shall expire at the date the student graduates, or otherwise permanently ceases to be a student at Louisiana College.

SIGNATURES

STUDENT: _____ DATE: _____

PARENT/GUARDIAN: _____ DATE: _____

PLEASE BE SURE TO READ AND SIGN THE ABOVE AUTHORIZATION

EMPLOYMENT VERIFICATION

TO BE COMPLETED BY PERSONNEL DIRECTOR OR PRINCIPAL

Please note:

Non-Certified Teacher: You must be employed by the first class meeting of the semester (not including summer semester) you enroll in ED 573 Practitioner Internship.

Certified Teacher: You must submit this form as proof of employment for completion of advanced internship and practicum coursework.

This document shall serve as verification to the Louisiana College Teacher Education Department of my intent to employ the individual listed below contingent upon the following:

- **Comply with all requirements for the Practitioner Teacher Program (TEACH)/Master of Arts in Teaching Program (MAT)**
- **Fulfill conditions set forth by the Board/System for employment of teachers**
- **Participate in the Practitioner Teacher Program (TEACH)/Master of Arts in Teaching Program (MAT) throughout the year**

Employee Name (please print): _____

School Name: _____

Parish: _____

School year employed (ex: 2010-2011): _____

Subject and Grade Level to be taught* (must have PRAXIS Content in assigned area):

Employee Signature

Date

Employee Social Security Number

Personnel Director/Principal Signature*

Date

*If the subject/grade level and/or signature is left blank, this document will be null and void.



LOUISIANA College

To Whom It May Concern:

You have been asked to provide a reference for the following Louisiana College Practitioner Teacher / Master of Arts in Teaching Program applicant: _____.

The Conceptual Framework of the Louisiana College Department of Teacher Education states that we are attempting to prepare teacher candidates who will be “dynamic educators” who are characterized by Christian Service, knowledge of subject matter, and the attributes of the practitioner teacher.

Based upon your personal knowledge of the applicant indicated above, please rate his/her personal and professional dispositions using the criteria listed on the attached form. By rating the candidate’s personal and professional dispositions as a 2 (target) or 1 (acceptable), you are indicating that you believe the applicant has a strong potential for success as a professional educator.

Please return the completed form to:

TEACH/MAT Program
Louisiana College
L. C. Box 585
Pineville, LA 71359

Thank you for your contribution to the development of future educators. If you need further information, please feel free to contact me at mshamblin@lacollege.edu or (318) 487-7304.

Sincerely,



Michael P. Shamblin, Ed.D.
Director of Alternate Certification
Louisiana College

Louisiana College
Department of Teacher Education
TEACH/MAT Candidate Recommendation Form

Candidate's Name: _____

Please rank the candidate indicated above as follows:

2 = Target (Excellent)

1 = Acceptable (Good)

0 = Unacceptable (Poor)

<i>PERSONAL AND PROFESSIONAL DISPOSITIONS</i>	2	1	0
<i>Accountability</i>			
Dresses appropriately and is well-groomed			
Attendance and punctuality			
Reliable, dependable, and responsible			
<i>Integrity</i>			
Demonstrates professional integrity			
Demonstrates academic integrity			
<i>Compassionate and Caring Attitude</i>			
Treats others with courtesy and respect			
Expresses empathy and sensitivity toward			
<i>Professionalism</i>			
Demonstrates poise and confidence			
Demonstrates competence in oral and written language			
Well organized and punctual			
<u>Comments (If necessary, please submit additional pages.):</u>			

Reference Name (please print): _____

Relationship of Reference to Candidate: _____

(i.e. coworker, principal, etc.; relatives cannot be used a reference)

Reference Contact Number: _____

Should this candidate be encouraged to enter the teaching profession? Please check one of the following:

1. Decidedly No _____ (briefly explain on separate sheet)
2. Decidedly Yes _____
3. Yes, with reservations _____ (briefly explain on back of form)
4. Uncertain _____ (briefly explain on back of form)

By signing below, I attest that this information is true and accurate to the best of my knowledge based upon my observation of and interaction with the candidate.

Reference's Signature: _____



LOUISIANA
College

To Whom It May Concern:

You have been asked to provide a reference for the following Louisiana College Practitioner Teacher / Master of Arts in Teaching Program applicant: _____.

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Based upon your personal knowledge of the applicant indicated above, please rate his/her personal and professional dispositions using the criteria listed on the attached form. By rating the candidate’s personal and professional dispositions as a 2 (target) or 1 (acceptable), you are indicating that you believe the applicant has a strong potential for success as a professional educator.

Please return the completed form to:

TEACH/MAT Program
Louisiana College
L. C. Box 585
Pineville, LA 71359

Thank you for your contribution to the development of future educators. If you need further information, please feel free to contact me at mshamblin@lacollege.edu or (318) 487-7304.

Sincerely,



Michael P. Shamblin, Ed.D.
Director of Alternate Certification
Louisiana College

Louisiana College
Department of Teacher Education
TEACH/MAT Candidate Recommendation Form

Candidate's Name: _____

Please rank the candidate indicated above as follows:

2 = Target (Excellent)

1 = Acceptable (Good)

0 = Unacceptable (Poor)

<i>PERSONAL AND PROFESSIONAL DISPOSITIONS</i>	2	1	0
<i>Accountability</i>			
Dresses appropriately and is well-groomed			
Attendance and punctuality			
Reliable, dependable, and responsible			
<i>Integrity</i>			
Demonstrates professional integrity			
Demonstrates academic integrity			
<i>Compassionate and Caring Attitude</i>			
Treats others with courtesy and respect			
Expresses empathy and sensitivity toward			
<i>Professionalism</i>			
Demonstrates poise and confidence			
Demonstrates competence in oral and written language			
Well organized and punctual			
<u>Comments (If necessary, please submit additional pages.):</u>			

Reference Name (please print): _____

Relationship of Reference to Candidate: _____

(i.e. coworker, principal, etc.; relatives cannot be used a reference)

Reference Contact Number: _____

Should this candidate be encouraged to enter the teaching profession? Please check one of the following:

1. Decidedly No _____ (briefly explain on separate sheet)
2. Decidedly Yes _____
3. Yes, with reservations _____ (briefly explain on back of form)
4. Uncertain _____ (briefly explain on back of form)

By signing below, I attest that this information is true and accurate to the best of my knowledge based upon my observation of and interaction with the candidate.

Reference's Signature: _____