

Licensure Checklist

Education Department
Ohio Wesleyan University

Name: _____

*Email: _____

*Email address where you can be reached in the future.

OWU Student ID#: _____

Cell/Phone Number: _____

☐ Copy of Transcript that states Class as “Graduate”

☐ CHECKLIST OF LICENSURE REQUIREMENTS COMPLETED (See attached sheet)

EDUCATION MAJORS:

☐ Early Childhood (PK-3)
Area of Concentration and/or Minor:

☐ 4/5 Endorsement

☐ EC Special Education Concentration

☐ Middle Childhood (4-9)

☐ Reading & Language Arts

☐ Mathematics

☐ Science

☐ Social Studies

☐ Special Education (P-12)

EDUCATION MINORS:

☐ Multi-Age (PK-12)

☐ Drama/Theatre

☐ Foreign Language
(circle one)

French
German
Latin
Spanish

☐ Music

☐ Visual Arts

☐ Adolescence to Young Adult (7-12)

☐ Integrated Language Arts

☐ Integrated Mathematics

☐ Integrated Science

☐ Integrated Social Studies

OVER

OHIO ASSESSMENT FOR EDUCATORS (OAE) TESTS:

	Passing/Score	Not Passing/Score
EARLY CHILDHOOD (PreK-3)		
Assessment of Prof. Knowledge: Early Childhood (PK-3)		
and Early Childhood Education		
and Foundations of Reading		
Grades 4/5 Endorsement		
OAE Elementary Education: Subtest I		
OAE Elementary Education Subtest II		
EC Special Education Concentration		
MIDDLE CHILDHOOD (4-9)		
Assessment of Prof. Knowledge: Middle Childhood (4-9)		
and Middle Grades Subject -		
and Middle Grades Subject -		
and Foundations of Reading		
SPECIAL EDUCATION (P-12)		
Assessment of Prof. Knowledge: Multi-Age (P-12)		
and Special Education		
and Foundations of Reading		
ADOLESCENCE TO YOUNG ADULT (7-12)		
Assessment of Prof. Knowledge: AYA (7-12)		
and OAE Content Assessment -		
MULTI-AGE (PK-12)		
Assessment of Prof. Knowledge: Multi-Age (PK-12)		
and Content Assessment –		

OTHER:

- ☐ Current Background Check
- ☐ Semester Record of Student Teaching Activity Form has been Completed
- ☐ edTPA Scores on File

LICENSE APPROVAL: *(To be completed by Licensure Officer)*

- ☐ Applicant has applied for a ***four-year resident educator license***
- ☐ Applicant has applied for the correct license and/or endorsement(s)
- ☐ Applicant fully completed the program required for the license/endorsement
 - ☐ Any exceptions/substitutions are noted on the licensure form, and documentation is provided
- ☐ Applicant meets eligibility requirements for the selected teaching field and/or endorsement
- ☐ Applicant has passed the appropriate tests for the license/endorsement

Ohio Department of Education On-Line Application Approval date: _____

SEMESTER RECORD OF STUDENT TEACHING ACTIVITY

Placement One (Circle One) EC (PK-3) MC (4-9) Special Education (P-12) AYA (7-12) Multi-age (PK-12)

Date _____ AM _____ PM _____ All Day _____

School/District _____

Supervising teacher _____

Grade level(s) _____

Subject(s) taught _____

Number of weeks in teaching assignment _____

Placement Two (Circle One) EC (PK-3) MC (4-9) Special Education (P-12) AYA (7-12) Multi-age (PK-12)

Date _____ AM _____ PM _____ All Day _____

School/District _____

Supervising teacher _____

Grade level(s) _____

Subject(s) taught _____

Number of weeks in teaching assignment _____

Placement Three (Circle One) EC (PK-3) MC (4-9) Special Education (P-12) AYA (7-12) Multi-age (PK-12)

Date _____ AM _____ PM _____ All Day _____

School/District _____

Supervising teacher _____

Grade level(s) _____

Subject(s) taught _____

Number of weeks in teaching assignment _____

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To be completed by college supervisor:

Classroom Teaching Experience in Weeks _____

Semester grades: _____, _____, _____

(Date)

(Signed)

Consent to Contact Future Employer

State and national accreditation standards require institutions of higher education like OWU to provide information about their graduates' preparedness to teach. This information is to be collected from the new teacher's employer via a survey. In order to do this, we need your permission to contact your future employers. Survey results are only needed for OWU Education Department accreditation; they will not be published, and your name or private information will not be associated with the aggregated data.

By signing below, **I give my consent** to the Ohio Wesleyan University Education Department to contact my future employer with a survey about my preparedness to teach.

Student's Signature _____ **Date** _____

Email address you will use after graduation: _____

Your employer, if known: _____

Location: _____ **Start Date:** _____