

TMATE Mandatory Packet Submission Check List for Interns

	Date Confirmed		
	TMATE	Student	
PACKET 1 Application Packet Due: Application Deadline			TMATE Application [19 TAC 227.10 (a)(7)] & \$20 Fee
			Admissions Scoring Rubrics (Minimum score of 60) [19 TAC 227.10 (a)(7) & (8)(b)]
			FERPA Form
			Code of Ethics [19 TAC 247.2]
			Passing Content Area PACT Scores (print email)
			College of Graduate Studies Acceptance & GPAs (Basic Skills-print email) [19 TAC 227.10(a)(5)]
			TMATE Handbook Acknowledgement Form & Writing Authentication Statement [19 TAC 227.1 (c)]
			Transfer Request Form [19 TAC 221.10 (e)] (if applicable)
			All Transcripts (include official transcripts in original institution envelopes)
			Transcript Evaluation (content area) [19 TAC 227.10(a)(1)(2)(3)(A)]
			Signed TMATE Acceptance/Denial of Admission Letter (Submit individual form after packet) [19 TAC 227.17(a)(e)(f)]
			International Students ONLY (if applicable):
			International Transcript Certification Evaluation from Approved Agency [19 TAC 221:10 (e)]
			Determination of Oral Language Proficiency &/or Official TOEFL Score [19 TAC 221:10 (a) (6)]
PACKET 2 Prior to Internship or Clinical Teaching Packet Due: # Before district paperwork distributed *The First Day of the Internship/Clinical Teaching Semester			Content TExES (print email) #
			STR TExES (if applicable-print email) #
			Degree Plan Filed *
			Field Experience Packet (including summaries of EACH experience) #
			Intern/Clinical Teacher Information Sheet #
			District Calendar *
			Mentor Teacher Packet (see guidance in packet)
			Signed Statement of Eligibility (may come to us from district) *
			Responsibility Agreement (may come to us from district) *
			District Contract *
PACKET 3 First Semester of Internship or CT Due: The Last Day of Class 5315 or 5390 II			Daily Schedule *
			Mandatory Training Certificates: (Keep these from class assignments/modules) #
			Code of Ethics Quiz Results
			Dyslexia Certificate
			Mental Health First Aide Certificate
PACKET 4 Second Semester of Internship or CT Due: The Last Day of Class 5315 or 5390 II			Technology Basic Skills Test Results
			Checklist for Beginning of Internship/Clinical Teaching
			Confirmation and Certification Request Form (Probationary/Intern)
			Probationary/Intern Certificate
			Passing PPR TExES Score (print email)
			Action Plan & Review (interns-twice a semester)
			Intern 45-Minute Observation of Mentor
			Mentor 45-Minute Observation of Intern
			Action Plan & Review (interns-twice a semester)
			Intern 45-Minute Observation of Mentor
		Mentor 45-Minute Observation of Intern	
		Administrator Evaluation & Recommendation	
		Mentor Evaluation & Recommendation	
		Supervisor Evaluation & Recommendation	
		Supervisor Observation Log	
		Supervisor Evaluation by Intern/Clinical Teacher	
		T-TESS Evaluation from Principal (signed by both parties)	
		Program Evaluations	
		Intern Journal (one document)	
		Key Assessments: EDUC 5311 EDUC 5314 EDUC 5390 I READ 5370 EDUC 5390 II EDUC 5315	
		Miscellaneous Important Documents	
		Confirmation and Certification Request Form (Standard)	
		Standard Certificate	

TMATE Mandatory Packet Submission Check List for Undergraduate Transfers

	Date Confirmed		
	TMATE	Student	
PACKET 1 Application Packet Due: Application Deadline			TMATE Application [19 TAC 227.10 (a)(7)] & \$20 Fee
			Admissions Scoring Rubrics (Minimum score of 60) [19 TAC 227.10 (a)(7) & (8)(b)]
			FERPA Form
			Code of Ethics [19 TAC 247.2]
			College of Graduate Studies Acceptance & GPAs(Basic Skills-print email) [19 TAC 227.10(a)(5)]
			TMATE Handbook Acknowledgement Form [19 TAC 227.1 (e)]
			Transfer Request Form from EPS[19 TAC 221.10 (e)]
			All Transcripts (include official transcripts in original institution envelopes)
			Transcript Evaluation (content area) [19 TAC 227.10(a)(1)(2)(3)(A)]
			Signed TMATE Acceptance/Denial of Admission Letter (Submit individual form after packet) [19 TAC 227.17(a)(e)(f)]
			International Students ONLY (if applicable):
			International Transcript Certification Evaluation from Approved Agency [19 TAC 221:10 (e)]
			Determination of Oral Language Proficiency &/or Official TOEFL Score [19 TAC 221:10 (a) (6)]
PACKET 2 Prior to Internship or Clinical Teaching Packet Due: # Before district paperwork distributed *The First Day of the Internship/Clinical Teaching Semester			Content TExES (print email) #
			STR TExES (if applicable-print email) #
			Degree Plan Filed *
			Field Experience Packet (including summaries of EACH experience) #
			Intern /Clinical Teacher Information Sheet #
			District Calendar *
			Mentor Teacher Packet (see guidance in packet)
			Signed Statement of Eligibility (may come to us from district) *
			Responsibility Agreement (may come to us from district) *
			District Contract *
			Daily Schedule *
PACKET 3 First Semester of Internship or CT Due: The Last Day of Class 5315 or 5390 II			Checklist for Beginning of Internship/Clinical Teaching
			Confirmation and Certification Request Form (Probationary/Intern)
			Probationary /Intern Certificate
			Passing PPR TExES Score (print email)
			Action Plan & Review (interns-twice a semester)
PACKET 4 Second Semester of Internship or CT Due: The Last Day of Class 5315 or 5390 II			Intern 45-Minute Observation of Mentor
			Mentor 45-Minute Observation of Intern
			Action Plan & Review (interns-twice a semester)
			Intern 45-Minute Observation of Mentor
			Mentor 45-Minute Observation of Intern
			Administrator Evaluation & Recommendation
			Mentor Evaluation & Recommendation
			Supervisor Evaluation & Recommendation
			Supervisor Observation Log
			Supervisor Evaluation by Intern/Clinical teacher
			T-TESS Evaluation from Principal (signed by both parties)
			Program Evaluation
			Intern Journal (one document)
		Key Assessments: EDUC 5390 II EDUC 5315	
		Miscellaneous Important Documents	
		Confirmation and Certification Request Form (Standard)	
		Standard Certificate	

TMATE Mandatory Packet Submission Check List for Clinical Teachers

	Date Confirmed		
	TMATE	Student	
PACKET 1 Application Packet Due: Application Deadline			TMATE Application [19 TAC 227.10 (a)(7)] & \$20 Fee
			Admissions Scoring Rubrics (Minimum score of 60) [19 TAC 221.to (a)(7) & (8)(b)]
			FERPA Form
			Code of Ethics [19 TAC 247.2]
			Passing Content Area PACT Scores (print email)
			College of Graduate Studies Acceptance & GPAs(Basic Skills-print email) [19 TAC 227.10(a)(5)]
			TMATE Handbook Acknowledgement Form & Writing Authentication Statement[19 TAC 227.1 (e)]
			Transfer Request Form [19 TAC 221.10 (e)] (if applicable)
			All Transcripts (include official transcripts in original institution envelopes)
			Transcript Evaluation (content area) [19 TAC 227.10(a)(1)(2)(3)(A)]
			Signed TMATE Acceptance/Denial of Admission Letter (Submit individual form after packet) [19 TAC 227.17(a)(e)(f)]
			International Students ONLY (if applicable):
			International Transcript Certification Evaluation from Approved Agency [19 TAC 221:10 (e)]
			Determination of Oral Language Proficiency &/or Official TOEFL Score [19 TAC 221:10 (a) (6)]
PACKET 2 Prior to Internship or Clinical Teaching Packet Due: # Before district paperwork distributed *The First Day of the Internship/Clinical Teaching Semester			Clinical Teaching (CT) Application (if applicable) #
			Clinical Teaching Placement Request #
			Clinical Teaching Phase-In Schedule #
			Content TExES (print email) #
			STR TExES (if applicable-print email) #
			Degree Plan Filed *
			Field Experience Packet (including summaries of EACH experience) #
			Clinical Teacher Information Sheet #
			District Calendar *
			Mentor Teacher Packet (see guidance in packet)
			Daily Schedule *
PACKET 3 First Semester of Internship or CT Due: The Last Day of Class 5315 or 5390 II			Mandatory Training Certificates: (Keep these from class assignments/modules) #
			Code of Ethics Quiz Results
			Dyslexia Certificate
			Mental Health First Aide Certificate
PACKET 4 Second Semester of Internship or CT Due: The Last Day of Class 5315 or 5390 II			Technology Basic Skills Test Results
			Passing PPR TExES Score (print email)
			Action Plan & Review (clinical teachers-monthly)
			Clinical Teacher Observation 1
			Checklist for Beginning the Internship/Clinical Teaching
			Action Plan & Review (clinical teachers-monthly)
			Clinical Teacher Observation 2
			Administrator Evaluation & Recommendation
			Mentor Evaluation & Recommendation
			Supervisor Evaluation & Recommendation
		Supervisor Observation Log	
		Supervisor Evaluation by Intern/Clinical teacher	
		Program Evaluations	
		Clinical Teaching Activities Form	
		Key Assessments: EDUC 5311 EDUC 5314 EDUC 5390 I READ 5370 EDUC 5390 II EDUC 5315	
		Miscellaneous Important Documents	
		Confirmation and Certification Request Form (Standard)	
		Standard Certificate	



**Tarleton Model
for Accelerated
Teacher Education**

Packet 1: Application

TMATE

Tarleton Model for Accelerated Teacher Education Tarleton State University

- Application Deadlines:**
- Summer – Priority February 1 - Final April 1;
 - Fall – Priority June 15 - Final August 1;
 - Spring – Priority October 15 - Final December 1

Please submit the TMATE Application with the \$20 TMATE fee to the TMATE Office. The Graduate Application and \$50 fee must be submitted separately to the College of Graduate Studies.

Please select the enrolling semester: Spring Summer Fall

Legal Name _____ Preferred Name _____
LAST FIRST MIDDLE MAIDEN

TEA ID _____ Tarleton ID _____

Ethnicity: Hispanic/Latino Not Hispanic/Latino

Gender: Female Male

Veteran: Yes No

Race: American Indian/Alaska Native

Date of Birth: _____

Black or African American

(Month/Date/Year)

Asian

Native Hawaiian/Pacific Islander

Social Security Number _____

White

Address _____ City _____ ST _____ Zip _____

Phone: Primary _____ Alternate _____

Email _____ How did you hear of TMATE? _____

Where and when did you receive your Bachelor's degree? _____ Please provide unofficial transcript showing name of university to verify conferred date and degree.

Degree(s) earned	University	Conferral Date

Certification Area: _____
1ST CHOICE 2ND CHOICE (OPTIONAL)

Seeking: Degree with Certification _____
 Certification Only _____
 Transfer from TSU Undergraduate Program _____
 Partnership District (provide district name) _____

Have you previously applied to TMATE? Yes _____ No _____ If so, when? _____

Have you previously applied to any other educator preparation program? Yes _____ No _____

Name of Program and Dates: _____

If admission was denied, or you did not complete the program, provide a statement of explanation on a separate sheet. Include admission date, dates of enrollment, name of program and program director, and reason for not completing.

Have you ever taught on an emergency or out-of-state certificate? Yes ___ No ___ If yes, please provide:

Subject and Grade taught: _____ Dates _____
School District _____ City _____ State & ZIP _____

Work History: List your three (3) most recent work experiences. Begin with the most recent experience. Please provide full names and titles for your supervisors.

Supervisor _____ Place of Employment _____
MS - MR - DR

Address _____ Phone _____
STREET CITY STATE ZIP

Dates: Full Time _____ Part Time _____
FROM: MO/YR - TO: MO/YR FROM: MO/YR - TO: MO/YR

Manager/Supervisor ___ Yes ___ No
Title: _____ Responsibilities _____

May we contact current employer? _____
Reason for Leaving: _____

Supervisor _____ Place of Employment _____
MS - MR - DR

Address _____ Phone _____
STREET CITY STATE ZIP

Dates: Full Time _____ Part Time _____
FROM: MO/YR - TO: MO/YR FROM: MO/YR - TO: MO/YR

Manager/Supervisor ___ Yes ___ No
Title: _____ Responsibilities _____

May we contact current employer? _____
Reason for Leaving: _____

Supervisor _____ Place of Employment _____
MS - MR - DR

Address _____ Phone _____
STREET CITY STATE ZIP

Dates: Full Time _____ Part Time _____
FROM: MO/YR - TO: MO/YR FROM: MO/YR - TO: MO/YR

Manager/Supervisor ___ Yes ___ No
Title: _____ Responsibilities _____

May we contact current employer? _____
Reason for Leaving: _____

List dates and describe all work or volunteer experiences in which you were actively involved with children or youth. Please include a total number of years working with children or youth. Continue on a separate sheet if necessary.

Criminal History Disclosure:

Applicants must submit fingerprints to SBEC for review prior to the clinical teaching internship before any certification will be issued. Pursuant to Texas Education Code §22.082, the State Board for Educator Certification (SBEC) shall obtain from any law enforcement or criminal justice agency all criminal history record information that relates to an applicant for or holder of a certificate issued under Subchapter B, Chapter 21. SBEC may refuse to confer state certification based on such criminal history information. For more information on fingerprint requirements, please visit Fingerprinting for Texas Educators and School District Personnel on the TEA website: www.tea.state.tx.us.

In compliance with House Bill 1508 (effective 9-1-17), this notice is to each applicant to and enrollee in the Tarleton Model for Accelerated Teacher Education (TMATE) program. Individuals with a criminal history may be ineligible for a teacher certification as a consequence of a criminal conviction. Individuals have the right to request a criminal history evaluation letter from the applicable licensing authority. The educator licensing authority in Texas is the State Board for Educator Certification (SBEC).

Pursuant to Texas Education Code §22.083, a school district and private school may access any criminal history information pertaining to you and held by any law enforcement or criminal justice agency. A school district or private school may refuse to employ you based on your criminal history. A school district or private school must report to the State Board for Educator Certification if the school district or private school obtains or has knowledge that an applicant or holder of a teaching certificate has a criminal history.

Items to submit to the College of Graduate Studies:

1. Application for Graduate Studies
2. \$50 non-refundable fee
3. Official transcript from each institution of higher education (excluding Tarleton)

Items to submit to the TMATE Office:

1. TMATE Application
2. \$20 non-refundable fee
3. Transcripts from each institution of higher education (excluding Tarleton)

False or misleading information constitutes grounds for denial of approval to begin coursework or dismissal from the TMATE program.

Acknowledgements:

Please read carefully the following statement before signing:

My signature below indicates that:

1. I understand that all documents are to be turned in on time.
2. Files that are not complete will not be considered for admission.
3. The information I have provided on all forms is, to the best of my knowledge, the truth.
4. I understand that admission to the TMATE program is highly competitive. Meeting or exceeding minimum entry requirements outlined on the website does not, in any way, imply or guarantee acceptance to the program.
5. I have read and understand the Criminal History Disclosure provided on this document.

Signature

Date

Please send the completed TMATE Application to:

**Tarleton State University-TMATE
10850 Texan Rider Dr.
Fort Worth, TX 76036
tmate@tarleton.edu
Fax: 817-484-4405
Phone: 817-717-3690**

For TMATE office use only.

Date Application Received: _____ **Fee Paid/Ck#:** _____

TMATE Admission Date: _____

TMATE Denial: _____

FERPA Consent to Release Educational Records and Information

This release represents your written consent to permit Tarleton State University to disclose educational records and any information contained therein to the specific individual(s) identified below. Please read this document carefully and fill in all blanks.

I, _____ (print full legal name), am a candidate for the TMATE program and hereby give my voluntary consent to officials:

- A. To disclose the following records:
- Records relating to any of my field-based experiences
 - Records relating to my performance in the classroom, field, and program
 - TExES test score results
- B. To the following person(s):
- School districts or other agencies associated with field-based experiences
 - School-based/University-based administrators
 - School-based/University-based cooperating teaching/mentors/supervisors
 - University program faculty
- C. These records are being released for the purpose of:
- Conversing and reviewing performance
 - Acquiring feedback
 - Procuring required signatures and placements
 - Providing remediation as needed
 - Recommending certification
 - Completing required submission of data for state and federal reports

I understand that under the Family Educational Rights and Privacy Act of 1974 (“FERPA” 20 USC 123g; 34 CFR §99; commonly known as the “Buckley Amendment”) no disclosure of my records can be made without my written consent unless otherwise provided for in legal statues and judicial decisions. I also understand that I may revoke this consent at any time (via written request to the educator preparation program) except to the extent that action has already been taken upon this release. Further, without such a release, I am unable to participate in any field-based experiences including 30 clock hours of observation, clinical teaching or internship.

Signature of Candidate

Date

Candidate TEA ID Number: _____ Date of Birth: _____

Phone Number: _____ Email: _____



I affirm that I will comply with standard practices and ethical conduct toward students, professional colleagues, school officials, parents, and members of the community and shall safeguard academic freedom, as set forth by the Texas Administrative Code §247. 2. As a Texas educator, in maintaining the dignity of the profession, I shall respect and obey the law, demonstrate personal integrity, and exemplify honesty. In exemplifying ethical relations with colleagues, I shall extend just and equitable treatment to all members of the profession. In accepting a position of public trust, I shall measure success by the progress of each student toward realization of his or her potential as an effective citizen. In fulfilling responsibilities in the community, I shall cooperate with parents and others to improve the public schools of the community.

Enforceable Standards

(1) Professional Ethical Conduct, Practices and Performance.

- _____ Standard 1.1. The educator shall not intentionally, knowingly, or recklessly engage in deceptive practices regarding official policies of the school district, educational institution, educator preparation program, the Texas Education Agency, or the State Board for Educator Certification (SBEC) and its certification process.
- _____ Standard 1.2. The educator shall not intentionally, knowingly, or recklessly misappropriate, divert, or use monies, personnel, property, or equipment committed to his or her charge for personal gain or advantage.
- _____ Standard 1.3. The educator shall not submit fraudulent requests for reimbursement, expenses, or pay.
- _____ Standard 1.4. The educator shall not use institutional or professional privileges for personal or partisan advantage.
- _____ Standard 1.5. The educator shall neither accept nor offer gratuities, gifts, or favors that impair professional judgment or that are used to obtain special advantage. This standard shall not restrict the acceptance of gifts or tokens offered and accepted openly from students, parents of students, or other persons or organizations in recognition or appreciation of service.
- _____ Standard 1.6. The educator shall not falsify records, or direct or coerce others to do so.
- _____ Standard 1.7. The educator shall comply with state regulations, written local school board policies, and other state and federal laws.
- _____ Standard 1.8. The educator shall apply for, accept, offer, or assign a position or a responsibility on the basis of professional qualifications.
- _____ Standard 1.9. The educator shall not make threats of violence against school district employees, school board members, students, or parents of students.
- _____ Standard 1.10. The educator shall be of good moral character and be worthy to instruct or supervise the youth of this state.
- _____ Standard 1.11. The educator shall not intentionally, knowingly, or recklessly misrepresent his or her employment history, criminal history, and/or disciplinary record when applying for subsequent employment.
- _____ Standard 1.12. The educator shall refrain from the illegal use, abuse, or distribution of controlled substances, prescription drugs, and toxic inhalants.
- _____ Standard 1.13. The educator shall not be under the influence of alcohol or consume alcoholic beverages on school property or during school activities when students are present.

(2) Ethical Conduct toward Professional Colleagues.

- _____ Standard 2.1. The educator shall not reveal confidential health or personnel information concerning colleagues unless disclosure serves lawful professional purposes or is required by law.
- _____ Standard 2.2. The educator shall not harm others by knowingly making false statements about a colleague or the school system.
- _____ Standard 2.3. The educator shall adhere to written local school board policies and state and federal laws regarding the hiring, evaluation, and dismissal of personnel.
- _____ Standard 2.4. The educator shall not interfere with a colleague's exercise of political, professional, or citizenship rights and responsibilities.
- _____ Standard 2.5. The educator shall not discriminate against or coerce a colleague on the basis of race, color, religion, national origin, age, gender, disability, family status, or sexual orientation.
- _____ Standard 2.6. The educator shall not use coercive means or promise of special treatment in order to influence professional decisions or colleagues.
- _____ Standard 2.7. The educator shall not retaliate against any individual who has filed a complaint with the SBEC or who provides information for a disciplinary investigation or proceeding under this chapter.
- _____ Standard 2.8. The educator shall not intentionally or knowingly subject a colleague to sexual harassment.



Enforceable Standards

(3) Ethical Conduct toward Students.

- _____ Standard 3.1. The educator shall not reveal confidential information concerning students unless disclosure serves lawful professional purposes or is required by law.
- _____ Standard 3.2. The educator shall not intentionally, knowingly, or recklessly treat a student or minor in a manner that adversely affects or endangers the learning, physical health, mental health, or safety of the student or minor.
- _____ Standard 3.3. The educator shall not intentionally, knowingly, or recklessly misrepresent facts regarding a student.
- _____ Standard 3.4. The educator shall not exclude a student from participation in a program, deny benefits to a student, or grant an advantage to a student on the basis of race, color, gender, disability, national origin, religion, family status, or sexual orientation.
- _____ Standard 3.5. The educator shall not intentionally, knowingly, or recklessly engage in physical mistreatment, neglect, or abuse of a student or minor.
- _____ Standard 3.6. The educator shall not solicit or engage in sexual conduct or a romantic relationship with a student or minor.
- _____ Standard 3.7. The educator shall not furnish alcohol or illegal/unauthorized drugs to any person under 21 years of age unless the educator is a parent or guardian of that child or knowingly allow any person under 21 years of age unless the educator is a parent or guardian of that child to consume alcohol or illegal/unauthorized drugs in the presence of the educator.
- _____ Standard 3.8. The educator shall maintain appropriate professional educator-student relationships and boundaries based on a reasonably prudent educator standard.
- _____ Standard 3.9. The educator shall refrain from inappropriate communication with a student or minor, including, but not limited to, electronic communication such as cell phone, text messaging, email, instant messaging, blogging, or other social network communication. Factors that may be considered in assessing whether the communication is inappropriate include, but are not limited to:
 - _____ the nature, purpose, timing, and amount of the communication;
 - _____ the subject matter of the communication;
 - _____ whether the communication was made openly, or the educator attempted to conceal the communication;
 - _____ whether the communication could be reasonably interpreted as soliciting sexual contact or a romantic relationship;
 - _____ whether the communication was sexually explicit; and
 - _____ whether the communication involved discussion(s) of the physical or sexual attractiveness or the sexual history, activities, preferences, or fantasies of either the educator or the student.

Source Note: Statutory Authority: The provisions of this §247.2 issued under the Texas Education Code, §21.031(a) and §21.041(a) and (b)(1), (7), and (8); Every Student Succeed Act, 20 United States Code, §7926.

Source: The provisions of this §247.2 adopted to be effective March 1, 1998, 23 TexReg 1022; amended to be effective August 22, 2002, 27 TexReg 7530; amended to be effective December 26, 2010, 35 TexReg 11242; amended to be effective December 27, 2016, 41 TexReg 10329; amended to be effective October 21, 2018, 43 TexReg 6839.

I hereby affirm that I have read and thoroughly understand the Texas Educators' Code of Ethics TAC 247.2 and shall abide by all enforceable standards of this rule.

Printed Name

Signature

Date

TMATE Student Handbook Acknowledgement Form

I acknowledge receipt and review of the **TMATE Student Handbook**. I am aware that these materials are also available in electronic copy through the TMATE Website. I understand and agree to the terms and conditions expressed in the **TMATE Student Handbook**. I also understand that failure to comply with the TMATE terms and conditions outlined in this handbook will result in dismissal from the TMATE program.

Printed Name

Signature

Date

I hereby authorize Tarleton's TMATE program to investigate through whatever means deemed appropriate by the university, any information included in the TMATE application and facts resulting from the investigation unless otherwise noted. TMATE is also authorized to use any information obtained from its investigation to determine my suitability for entrance into the TMATE program. I release Tarleton and Tarleton employees from any liability in connection with the investigation.

I understand that I must pay Tarleton in full before I can be recommended to TEA for certification.

I understand that I may not access the TMATE reference checklists submitted on my behalf.

TMATE Candidate Writing Authentication Statement

NOTICE TO CANDIDATE

Declaration by Candidate

Candidate Printed Name: _____

Candidate Writing Sample Number: _____

(Create a 4 digit number that includes your initials at the end. Ex. 1234ABC)

I have read and understand the Notice to Candidate (above). I have produced the work myself without help from other people or resources.

Candidate's Signature: _____

Date: _____

Educator Preparation Program Candidate Transfer Form

This document verifies that the teacher candidate has been admitted to an approved educator preparation program (1) leading to certification in Texas and is now transferring to another approved program (2). This form is for educator preparation programs use only. Candidates may be enrolled in only one program at a time. Candidates have the right to transfer from one program to another, provided they are not finishers in the ASEP database and are in good standing with the program the candidate is leaving. All fees, tuition, coursework, etc., required by the receiving program are the responsibility of the candidate. The candidate leaves the completed form with the receiving program upon admission. This form should be kept with the candidate's records.

Teacher Candidate's Name _____ TEA I.D. # _____
 Address _____ City _____ State _____ Zip _____
 Teacher Candidate's Email _____ Phone _____
 Teacher Candidate Certification Field _____ Grade Levels _____

**The Teacher Candidate has Completed the Following Requirements for
Texas Teacher Certification:**

# of Required Educator Preparation Coursework Hours Completed	# of Required Field Observation Hours Completed	Passed TEXES Content Exam for Correct Certificate		Passed PPR Exam		Finisher Status (from ASEP)
		Yes	No	Yes	No	
List courses or modules completed— <i>add lines as necessary here—every transfer form must include this</i>						Finisher
				Date:		All But Clinical
						Other Enrolled

1. Program Candidate is Leaving: The program director attests to the accuracy of this information and has removed this candidate's information and all recommendations to test from the program's ASEP database.

Name of Educator Preparation Program _____
 Address _____ City _____ State _____ Zip _____
 Educator Preparation Program Email _____ Phone _____
 Educator Preparation Program Director _____ Date _____

2. Program Receiving Candidate: The receiving program has the right to accept or reject any prior coursework or field experiences and may require additional coursework, etc. as they deem appropriate. Receiving program is responsible for all coursework and requirements for any candidate recommended for a probationary or standard certificate.

Name of Educator Preparation Program _____
 Address _____ City _____ State _____ Zip _____
 Teacher Candidate Certification Field _____ Grade Levels _____
 Educator Preparation Program Email _____ Phone _____
 Educator Preparation Program Director _____ Date _____