

PROGRAM PROGRESSION UPDATE

NAME: _____ Cumulative GPA: _____

CWID: _____ ADVISOR: _____

HOME #: _____ CELL #: _____

EMAIL: _____

MAJOR: _____ ADD-ON CERT: _____

ADVISOR 2 (sec.): _____ FOCUS AREA (sec): _____

ADMITTED TO TEACHER ED: Yes No

Progression Toward Admission to Teacher Ed:

- | | | |
|--|------------------------------|--|
| 2 or 3 on <i>all</i> Signature Pieces | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2.50 G.P.A.: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <u>C</u> or better in all coursework: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Completed 6 hours of English & Math | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Passing scores on PRAXIS I (Read/Write/Math) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| or | | |
| 22 composite ACT score: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Speech/Hearing Screening: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Submitted Intent to Apply: | | |
| Teacher Education (TaskStream) | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Needs to submit |
| Submitted Application: | | |
| Teacher Education (TaskStream) | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Needs to apply |

Progression Toward Student Teaching:

- | | | |
|-------------------------------|------------------------------|--|
| Passing scores on PRAXIS: | | |
| PLT | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Content | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Submitted Intent to Apply: | | |
| Student Teaching (TaskStream) | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Needs to submit |
| Submitted Application: | | |
| Student Teaching (TaskStream) | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Needs to apply |

Comments: _____

**** I understand that I must pass all parts of PRAXIS I and PRAXIS II before Student Teaching ****

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

