

# University of Hawai'i at Hilo Teacher Education Program Cohort Application



Kaua'i

O'ahu

Moloka'i

Lana'i

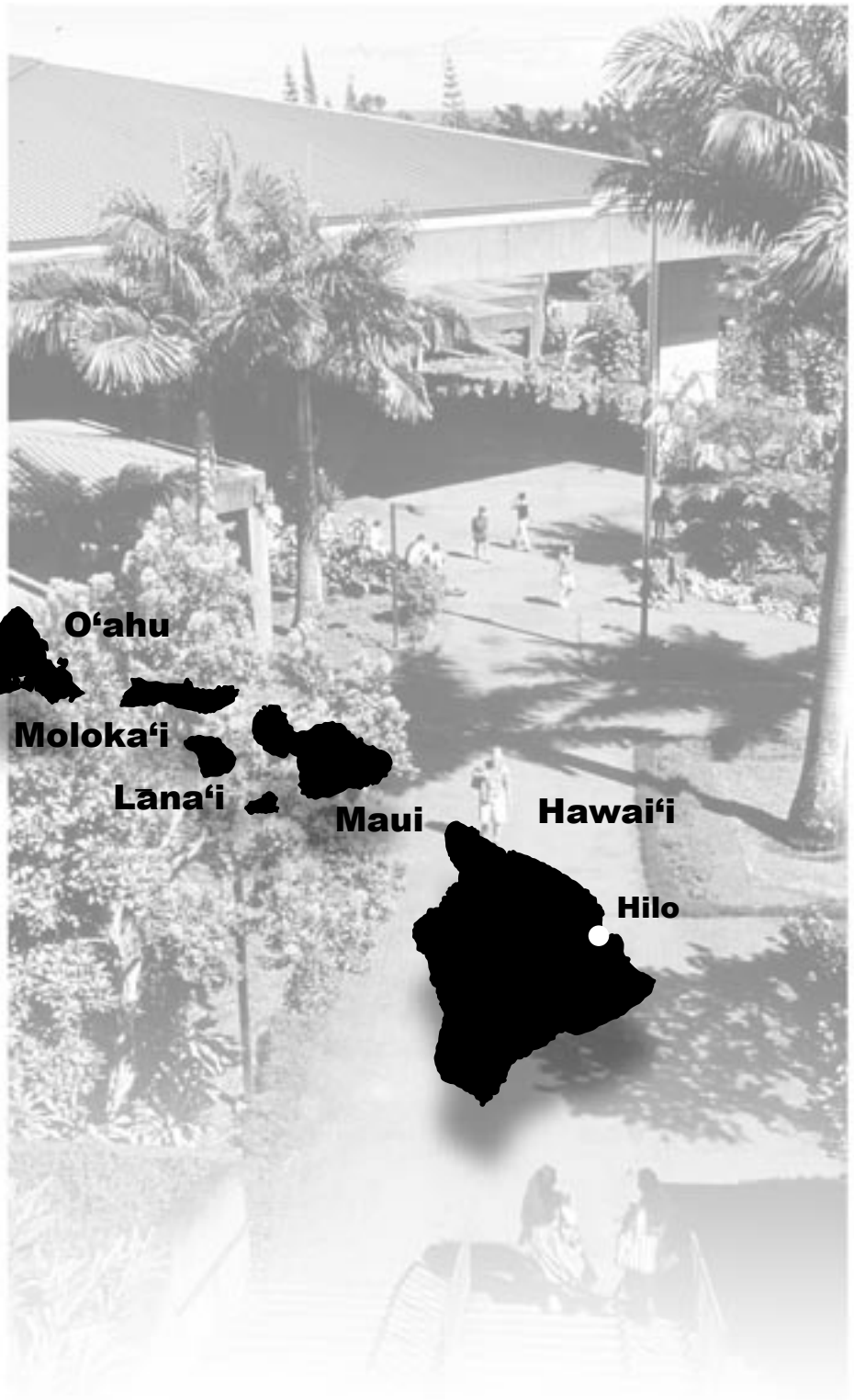
Maui

Hawai'i

Hilo



UNIVERSITY  
OF HAWAII  
HILO





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HILO

## Education Department Teacher Education Program Cohort Application Information

The Teacher Education Program (TEP) Cohort at the University of Hawai'i at Hilo is a post baccalaureate program designed to qualify students for a license issued by the State of Hawai'i.

Although the decision to become a teacher may occur at any time during one's lifetime, the preparation for teacher education begins long before admission into the TEP Cohort. Students who consider seeking licensure should begin preparation during their undergraduate program of study. TEP Cohort applicants must complete a baccalaureate degree and a designated prerequisite and supplemental requirements, as described in the current UH Hilo catalog. Prospective applicants should refer to the catalog and contact the Education Department to request further explanation of the specific requirements and criteria considered in reviewing applications.

Both elementary and secondary teacher education students are required to be full-time students during the two-semester cohort program. Education students take courses that are carefully integrated with field experiences and other components of the program.

Applications are accepted on a rolling basis until the cohort is filled. Completed application materials to be submitted as a package to the UH Hilo Admissions Office include:

- UHH Teacher Education Program Cohort Application Form
- \$50 Application Fee
- Statement of Interest and Experience
- Form-Experiences Working with Children or Young People

These may be submitted separately:

- Official report of Reading, Writing and Math scores on the PPST or CBT
- Official college or university transcripts
- Three completed Teacher Education Program Cohort Recommendation forms
- Official report of content Area PRAXIS scores (Secondary applicants only).

**Prior to acceptance to the Teacher Education Program Cohort**, please call 808-974-7582 for an advising appointment for information on initial education requirements, content preparation requirements and other criteria for admission.

**\*Priority Deadline for Fall Semester is February 1**

*Admissions*

200 W.KAWILI STREET  
HILO, HAWAII 96720-4091  
PHONE: (808) 974-7414 / (800) 897-4456  
FAX: (808) 974-7691



**UNIVERSITY OF HAWAI'I AT HILO**  
**Teacher Education Program Cohort Application**

*Please initial*

I have met with my education advisor

\_\_\_\_\_ (name of advisor)

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**HILO**

Applying for  **Elementary**  **Secondary** cohort beginning **Fall** \_\_\_\_\_

**PLEASE TYPE OR PRINT CLEARLY IN INK. COMPLETE BOTH SIDES OF THIS FORM, DETACH, AND SUBMIT IT TO THE ADMISSIONS OFFICE**

SOCIAL SECURITY NUMBER ____ / ____ / ____	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE month / day / year ____ / ____ / ____	BIRTHPLACE (state or foreign country) _____	*ETHNICITY CODE ____	CITIZENSHIP <input type="checkbox"/> USA <input type="checkbox"/> OTHER _____ (specify country)	NON-US CITIZEN <input type="checkbox"/> 1 STUDENT VISA <input type="checkbox"/> 2 IMMIGRANT-DATE REC _____ <input type="checkbox"/> 3 OTHER (specify) _____
LEGAL NAME: family/last _____ given/first _____ full middle _____						
CURRENT MAILING ADDRESS – street _____ city _____ state or country _____			ZIP/ POSTAL CODE _____		PHONE _____	
PERMANENT MAILING ADDRESS – street _____ city _____ state or country _____			ZIP/ POSTAL CODE _____		PHONE _____	
E-MAIL ADDRESS _____						

**LIST EVERY COLLEGE AND UNIVERSITY IN WHICH YOU EARNED OR WILL EARN A DEGREE, INCLUDING ANY UH CAMPUS, INCLUDING THE ONE YOU ARE CURRENTLY ENROLLED IN, IF ANY**

NAME OF INSTITUTION (Do not use initials) LIST MOST RECENT FIRST	Attach additional sheet if necessary	MAJOR	MINOR	NAME OF DEGREE, DIPLOMA OR CERTIFICATE	MONTH / YEAR EXPECTED OR RECEIVED
					____ / ____
					____ / ____
					____ / ____
					____ / ____

**STATEMENT OF INTEREST AND EXPERIENCE:**

On separated paper, please respond in your most polished and professional prose to the following. Each response should be approximately 250 words, typed, double spaced, and attached to this application. The statement should include two separate components as described below:

1. Why do you want to be a teacher? Please describe what experiences motivated you to choose teaching as your profession over another career.
2. Please describe your beliefs about student learning. What has influenced you in those beliefs?

**EXPERIENCE:**

Complete the form - Experiences Working with Children or Young People.

INSTRUCTIONS: Describe your experiences working with children or young people with emphasis on the target age level appropriate to the program for which you are applying. Examples of such experiences include volunteer tutoring, summer fun programs, substitute teaching or employment as a teacher's aide. Where appropriate, include the name of the organization supervisor, dates of experience or employment and our duties. Please list experiences in chronological order starting with the most recent experience first. We reserve the right to verify this information.

**APPLICANT'S CERTIFICATION**

I certify that the answers and responses provided for all of the items on the **Teacher Education Program Cohort Application Form** are complete and true to the best of my knowledge and belief. I understand that providing incomplete, incorrect, or false information may result in the rescission of my admission and subject me to the requirements and/or disciplinary measures as provided under the University's **Student Conduct Code**. Furthermore, I understand that I may be required to produce certified documents relative to the determination of my residency status and that the provision of incorrect information regarding my residency declaration will also subject me to the requirements and/or disciplinary measures provided for in the University's rules and regulations governing the determination of residency for admission and tuition purposes.

**DECLARATION OF FITNESS**

The Hawai'i State Department of Education requests information of applicants for teacher licensure and employment in the public schools of Hawai'i. The DOE also verifies information through law enforcement agencies regarding sex-related offenses, child abuse/neglect/neglect offenses, substance/drug abuse offenses, or any violation of the law (felony or misdemeanor) other than minor traffic violations. Applicants to the Teacher Education Program Cohort with concerns in any of these areas are encouraged to contact the Hawai'i DOE. Results of the background check may impact field placement in schools which is a requirement of the Teacher Education Program Cohort.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

(\*) Ethnicity Codes (11) American Indian or Alaska Native; (21) Chinese; (22) Filipino; (23) Hawaiian or part-Hawaiian; (24) Korean; (25) Japanese; (26) Pacific Islander-includes Fiji, FSM, Samoa, Tahiti, Tonga; (27) Other Asian-includes Cambodia, Laos, Thailand, Vietnam; (28) Mixed Asian and/or Pacific Islander; (29) Persons of the Indian subcontinent-includes India, Nepal, Pakistan, Sri Lanka, Afghanistan, Bangladesh; (41) African, African-American; (52) Puerto Rican; (53) Other Hispanic; (54) Mixed Hispanic; (61) Caucasian-includes North Africa and Europe; (62) Portuguese; (63) Middle Eastern; (71) Mixed Ethnic-combination of two or more of the categories noted above.

# RESIDENCY DECLARATION

**A** I claim legal residency in \_\_\_\_\_ from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_, on the basis of:  
(specify which state or country) (month/day/year) (month/day/year)

**(check one box only)**

Myself (I am 19 or older)  Spouse who is a legal resident of Hawai'i or has a statutory exemption

Parent (I am under 18 and not married)  Legal guardian (Submit copy of court order appointment)

Myself and parent

**B** Indicate if any of the following statutory exemptions apply to you **(documentation required)**:

I am a full-time faculty or staff member of the University of Hawai'i, or a spouse or legal dependent of such a person. (Attach employment contract)

I am Hawaiian and not a Hawai'i resident. (Attach an official copy of your birth certificate, and, if necessary, that of your parents/grandparents documenting Hawaiian ancestry)

I am a legal resident of \_\_\_\_\_ which has no public institution of higher education. (See Statutory Exemption E on page 4 of the Common Application. Attach University of Hawai'i Official Certification of Domicile Form available from the Admissions Office.)

I am a member or authorized dependent of a member of the U.S. armed forces, on active duty, stationed in Hawai'i. (See item F below.)

**Your application will not be reviewed without the proper documentation.**

## Complete Sections C, D, and E if you are claiming Hawai'i residency

**C** Check one box even if you are an adult and independent:

I am not claimed as a dependent on my parents'/legal guardian's personal income tax form submitted for the last tax year.

I am claimed as a dependent on my parents'/legal guardian's last year's personal income tax form and my parents/legal guardians are legal Hawai'i residents. **(If you checked this box, the parent or legal guardian who claims you as a dependent must complete Section E.)**

I am claimed as a dependent on my parents'/legal guardian's last year's personal income tax form and my parents/legal guardians are not legal Hawai'i residents.

**D** Last publicly supported institution of higher education attended, if any (including current enrollment at a University of Hawai'i campus):

\_\_\_\_\_ Attended from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
(specify name of institution) (state or country) (month/day/year) (month/day/year)

Indicate tuition paid:  Resident  Nonresident  Resident, due to exemption from nonresident tuition (specify type of exemption) \_\_\_\_\_

**E** Complete the following items on the basis of yourself and: your parent/legal guardian (if you are under 19 or have been claimed by him/her as a dependent for tax purposes); or spouse (if you are claiming residency on the basis of your spouse). That person must also date and sign below, and provide necessary documentation upon request.

	MYSELF (APPLICANT)	MY PARENT/LEGAL GUARDIAN/SPOUSE
1. I have been living in Hawai'i continuously since: .....	month: _____ day: _____ year: _____	month: _____ day: _____ year: _____
2. I filed Personal Resident Income Tax Return in (specify state): .....	_____	_____
from (specify years): .....	_____ to _____	_____ to _____
3. I registered to vote in (specify state): .....	_____	_____
on (specify month/day/year): .....	month: _____ day: _____ year: _____	month: _____ day: _____ year: _____
4. I last voted in (specify state): .....	_____	_____
on (specify month/day/year): .....	month: _____ day: _____ year: _____	month: _____ day: _____ year: _____
5. Other evidence of residency, if any (e.g., employment): .....	_____	_____
6. My parent/legal guardian/spouse claims legal residency in (specify state): .....	_____	_____
from (specify month/day/year to month/day/year): .....	____/____/____ to ____/____/____	_____

\* If claiming Hawai'i residency within the last two years, submit your voter registration and tax clearance or notarized Hawai'i Income Tax Form with the application form.

Date: \_\_\_\_\_ Signature of Parent/Legal Guardian/Spouse \_\_\_\_\_ Relation to Applicant \_\_\_\_\_

**F VERIFICATION OF UNITED STATES ARMED FORCES MEMBERS ASSIGNMENT IN HAWAI'I (MILITARY ORDERS MUST BE ATTACHED)**  
(To be completed by the member's Commanding Officer)

1) \_\_\_\_\_  
 Name, rank, & branch of service of military member on active duty stationed in Hawai'i, and assigned to my unit or organization

2) \_\_\_\_\_  
 Estimated date of rotation from Hawai'i or separation from military service (whichever is earlier). Provide month/date/year; do not use "indefinite."

3) Member's relationship to applicant:  Self  Spouse  Parent  Other (specify) \_\_\_\_\_

Permission is hereby granted to release information to UH campus

Applicant's Signature	Signature of Commanding Officer
Military Member's Signature	Printing Name
	Rank and Branch of Service in Hawai'i
	Phone number of Branch of Service in Hawai'i
	Date



**UNIVERSITY OF HAWAI'I AT HILO**  
**Teacher Education Program Cohort Recommendation Form**  
**with Professional Attributes Scale**

Academic Year \_\_\_\_\_

**Applicant:** Before requesting a recommendation, please check and sign below in accordance with the Family Education Rights and Privacy Act of 1974.

I  waive  do not waive my right of access to this recommendation.

Signature: \_\_\_\_\_ SS#: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_  Elementary  Secondary

Last First Middle

**Writer of Recommendation:** The Teacher Education Program Cohort seeks your input regarding the applicant's ability to pursue and maintain success in the teaching profession. This recommendation should be completed by someone who has directly observed the applicant's performance or can address the applicant's potential in the education field.

Please take the time to fill out this form as openly and honestly as possible. As a teacher, the applicant will have the responsibility of working unsupervised with young people. The moral and legal obligations of teaching require sturdy individuals who have well developed interpersonal and intellectual capabilities. Your recommendation is very important to the TEP in making our admissions decisions. We ask that as you complete this form, you ask yourself the following question: "Would I want this applicant to teach my child?"

- 1) In what capacity have you known the applicant? \_\_\_\_\_
- 2) Describe the specific contact time relevant to your knowledge of the applicant. (e.g. "The applicant volunteered for two hours each week for a total of twenty-two hours in the Fall of 1999.")  
 \_\_\_\_\_  
 \_\_\_\_\_
- 3) Have you ever directly observed the applicant in a situation where he or she is teaching or coaching young people? Please describe.  
 \_\_\_\_\_  
 \_\_\_\_\_

Please provide any other commentary related to questions below, or about the applicant's interpersonal skills, experience with children and/or adolescents, and potential as a teacher. Include your comments in the space below or attach a separate piece of paper if necessary. This information is vital to the review process and your time is greatly appreciated.

## PROFESSIONAL POTENTIAL

Below is a modified version of the Professional Attributes Scale utilized by the Teacher Education Program Cohort. Please rate the applicant by checking the appropriate boxes and providing commentary. Write comments on front of this form, or use additional pages as needed.

<p>1) Attendance</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Frequently Absent.</li> <li><input type="checkbox"/> Rarely Absent.</li> <li><input type="checkbox"/> Never Absent.</li> </ul>	<p>2) Punctuality</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Frequently late.</li> <li><input type="checkbox"/> Generally punctual.</li> <li><input type="checkbox"/> Always on time.</li> </ul>
<p>3) Oral Expression</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Makes frequent usage of grammatical errors.</li> <li><input type="checkbox"/> Is inarticulate.</li> <li><input type="checkbox"/> Is articulate.</li> <li><input type="checkbox"/> Is expressive, animated.</li> </ul>	<p>4) Written Expression</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Writing contains frequent misspellings and/or grammatical errors.</li> <li><input type="checkbox"/> Writing is often unclear and disorganized.</li> <li><input type="checkbox"/> Organizes and clearly expresses ideas.</li> <li><input type="checkbox"/> Frequently and effectively communicates in writing with parents and/or administrators.</li> </ul>
<p>5) Tact, Judgment</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Is thoughtless: insensitive to others' feelings and opinions.</li> <li><input type="checkbox"/> Has limited sensitivity and diplomacy.</li> <li><input type="checkbox"/> Perceives what to do or say in order to maintain good relations with others and responds accordingly.</li> <li><input type="checkbox"/> Is highly sensitive to others' feelings and opinions: Diplomatic.</li> </ul>	<p>6) Reliability/Dependability</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Sometimes fails to complete assigned tasks or duties</li> <li><input type="checkbox"/> Sometimes needs to be reminded to attend to assigned tasks or duties</li> <li><input type="checkbox"/> Consistently attends to assigned tasks or duties without prompting.</li> <li><input type="checkbox"/> Consistently perceives needs and attends to them immediately.</li> </ul>
<p>7) Self-Initiative/Independence</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Depends upon others for direction, ideas, and guidance: passive.</li> <li><input type="checkbox"/> Has good ideas, works effectively with limited supervision.</li> <li><input type="checkbox"/> Independently implements plans: Creative and resourceful.</li> </ul>	<p>8) Collegiality</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Prefers to work in isolation.</li> <li><input type="checkbox"/> Reluctant to share ideas and materials.</li> <li><input type="checkbox"/> Prefers being part of a team.</li> <li><input type="checkbox"/> Willingly shares ideas and materials.</li> </ul>
<p>9) Ethics</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Decision making does not always reflect a strong understanding of right and wrong.</li> <li><input type="checkbox"/> Appears generally honest.</li> <li><input type="checkbox"/> Acts with honesty and integrity in all situations</li> </ul>	<p>10) Response to Feedback</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Defensive: Unreceptive to feedback.</li> <li><input type="checkbox"/> Receptive, but doesn't implement suggestions.</li> <li><input type="checkbox"/> Receptive, and adjusts performance accordingly.</li> <li><input type="checkbox"/> Active: Solicits suggestions and feedback from others.</li> </ul>

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_ Institution: \_\_\_\_\_ Phone: \_\_\_\_\_

Please mail recommendation to: Admissions Office • University of Hawai'i Hilo • 200 W. Kawili St • Hilo, HI 96720-4091

**\*Priority Deadline for Fall Semester is February 1**



**UNIVERSITY OF HAWAI'I AT HILO**

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**HILO**

**Experience Working With Children or Young People**

Teacher Education Program Cohort Application for Fall \_\_\_\_\_

Print Name: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Please include beginning and ending dates for the experience. Also include amount of contact hours.	Please describe your formal and informal experiences working with youth (organization, age group, title)	Please describe your specific duties and responsibilities	Please include name of supervisor and contact information.

**\*Priority Deadline for Fall Semester is February 1**