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**Secondary Science Educator Licensure Application**

(Biology, Chemistry, Earth and Space Science, Environmental Science, or Physics)

**Application Submission Period: Jan 1st – March 1st**

The Secondary Educator Licensure Program in Science (Biology, Chemistry, Earth and Space Science, Environmental Science, or Physics) at NIU requires a B.S. degree in one of the 5 listed science disciplines (from an accredited institution) less than 10 years old. Students with older degrees may need to demonstrate fluency of content before acceptance into the program. Individuals who do not have a B.S. degree in one of the listed disciplines will be expected to earn one (or actively pursue one at NIU) before candidacy for the program will be considered.

This application packet will be used for admittance into the secondary science educator licensure program and the first clinical (ILAS 201; <http://niu.edu/clas-educator-licensure/clinical-experiences/index.shtml>).

Only complete applications will be considered. If you have not made contact with program faculty or staff, please contact them before submitting an application. A review of this application does not lead to automatic acceptance into the program.

The following items **must** be included for an application to be complete. All application materials must be submitted at the same time, with the exception of the recommendation forms and letters, which may be submitted separately. **All materials must be received by March 1st.**

1. Application Packet – **All applications and forms must be typed and not handwritten, with the exception of the signed FERPA form (titled “Authorization for the Release of Non-Directory Student Information”; found on the last page of this packet)**
   1. Application
   2. Self-reflection/essay
   3. Signed *Understanding of Clinical Requirements* form
   4. Signed *FERPA* form – This must include an original, not a digital, signature. You may scan and submit this form electronically with the other application materials as long as it has a hand-written signature on it.
2. Copy of non-NIU transcripts (may be unofficial) from all post-secondary institutions attended.
3. Two recommendation forms with accompanied letters of recommendation. Forms can be downloaded here: <https://www.niu.edu/science-licensure/apply/index.shtml>. Recommendation forms and letters may be submitted separately from the application packet. Suggested letter writers include former employers, teachers, professors, mentors, or other people who can speak directly to your abilities and professional skills. Letters from family members are not acceptable.

Please mail/email all application materials to:

Paul Fix

Director, Secondary Science Educator Licensure

Northern Illinois University

Department of Physics

LaTourette Hall 207

DeKalb, IL 60115

[pfix@niu.edu](mailto:pfix@niu.edu)

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| **SECONDARY SCIENCE PROGRAM**  **AND ILAS 201 CLINICAL APPLICATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Semester: | **Spring or Fall** | | | | | Year: | | **Enter Year** | | | | | | | Z-ID: | | **Your Z-ID (if a current NIU student)** | | | | | | | | | | |
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| *CONTACT INFORMATION* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Last Name | | | | | | |  | First Name | | | | | | | | | | |  | Middle Name | | | | | | | |
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| Street Address during the fall semester | | | | | | | | | |  | City | | | | | | | | | |  | State | | | |  | Zip Code |
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| **Phone** | | |  | | **2nd Phone** | | | | | | |  | | **NIU Email** | | | | | | | | | | | | | |
| Primary Telephone | | |  | | Secondary Telephone | | | | | | |  | | NIU E-Mail: Used for all official program correspondence | | | | | | | | | | | | | |
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| *PRIOR EDUCATION* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **High School Graduated** | | | | | | | |  | **City and State** | | | | | | | | | | | | | | |  | **Year** | | |
| Name of High School | | | | | | | |  | City and State | | | | | | | | | | | | | | |  | Year of Graduation | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Institutions attended in addition to NIU | | | | | | | |  | Degree Completed | | | | | | | | | | | | | | |  | Year of Graduation | | |
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| *LICENSE INFORMATION* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Enter Date** | |  | | **Enter text** | | | | | | | | |  | **Enter text** | |  | | **Secondary Science 9-12** | | | | | | | | | |
| Date of admission to NIU | |  | | Degree sought | | | | | | | | |  | Major | |  | | License Level and Grades | | | | | | | | | |
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| **Click here to enter text** | | | | | | | | | | | | |  | **Click here to enter** | | | | | | | | |  | | **Enter GPA** | | |
| Additional Endorsements to be Completed with License | | | | | | | | | | | | |  | Expected Date of Licensure | | | | | | | | |  | | Cumulative GPA | | |

**Please be advised that if you have a criminal history, we may be unable to place you in a school for a clinical experience.**

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| Typed Signature of Student: **Click here to enter text** |

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| *FOR PROGRAM USE ONLY* | | | |
| By typing your name below you are verifying that this student is eligible for placement at this time, unless otherwise indicated *in writing* to the Director of Educator Preparation and Development. | | | |
| Additional Notes: **Click here to enter text** | | | |
|  | **Click here to enter text** |  | **Today’s Date** |
|  | Typed Program Representative Signature |  | Date |

College of Liberal Arts and Sciences

**Placement Policies and Practices**

**Understanding of ILAS 201 Clinical Requirements**

Please read this document COMPLETELY and sign the bottom before submitting your application.

**Rationale:**

In order to avoid capriciousness in our decision-making, parameters must be established and all stakeholders must operate within them. Inconsistency in doing so undermines student experience, jeopardizes our relationships with our partner schools, and reflects poorly on the program and university as a whole.

**ILAS 201 & 301 Field Placement Policies and Practices:**

1. Every effort will be made to secure a site within the 60-mile radius from the main DeKalb campus.

2. Indication of a placement preference on application, does NOT guarantee confirmed field experiences in that district.

3. Students are responsible for their transportation to and from their placement locations. If transportation will be an issue, students need to discuss this with their discipline coordinator when submitting their application.

4. Teacher candidates are prohibited from contacting teachers, principals, or school districts for the purpose of soliciting field experience placements.

5. Documentation supporting identified student accommodations regarding logistic aspects of placements must be submitted prior to the experience placement request. If students believe that because of his/her circumstance an accommodation is necessary for him/her to successfully complete his/her experience, students have the responsibility to both self-disclose and request accommodation through the NIU Disability Resource Center and **must request that the Disability Resource Center send his/her accommodations to the Director of Teacher Preparation and Development at the time of the placement request so that the director can provide or** **facilitate the accommodations needed.**

6. Preference will be given to applications received on or before the due date with late submissions being considered for the upcoming semester ONLY if placements are available. Otherwise, late applications will be considered for the subsequent semester.

7. Transfer students or students new to the university are expected to submit an application as soon as possible. If they submit an application after the deadline, they will be considered for the upcoming semester if space allows. If space does not allow, they will be considered for the subsequent semester.

If a student believes that an accommodation is necessary for him/her to successfully complete the experience, the student must request accommodation through the NIU Disability Resource Center and direct them to reach out to the Director of Teacher Preparation and Development at the time of the placement request.

This fall, you will be enrolled in ILAS 201, which requires students to attend 7 in person seminars on **Mondays from 4:00-5:50 p.m**.

* You will observe for a total of 30 hours over the course of the semester.
* Placements are arranged by the Clinical Placement Office in the College of Liberal Arts and Sciences.
* You will be notified of your placements **via e-mail before the semester begins**. We will use only your ZID e-mail to contact you.
* You may need to meet several requirements prior to the start of the course in order to be able to observe in the school (i.e. Criminal background checks).
* In light of this, it is **EXTREMELY** important that you check your ZID e-mail **at least 3 times per week** even over winter and summer break, once per day is preferable.
* You are expected to observe throughout the duration of the course. Once per week is best but may not always be possible.
* You will receive additional information about how to schedule your observations as the start of the course approaches. Do not contact anyone besides your program coordinator or the Clinical Placement Office until specifically instructed to do so via e-mail.
* You will be responsible for arranging your own transportation to and from the placement school.

*I have read the above information and am applying to ILAS 201 with a knowledge of the requirements I will need to meet.*

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| **Type your name here** |  | **Enter your Z-ID here** |  | **Today’s date** |
| Typed Signature |  | Z ID |  | Date |

**Self- Evaluation**

Name:

Date:

Please complete the following self-evaluation and essay. This form helps the secondary science program committee determine whether you possess the traits and attitudes expected of someone desiring to be a professional educator.

How long have you desired to become a teacher?

Please rate yourself on the following traits:

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| --- | --- | --- | --- | --- | --- |
|  | Exceptional | Above average | Average | Needs Improvement | Not Sure or N/A |
| Accepting of others |  |  |  |  |  |
| Enjoys working with kids/youth |  |  |  |  |  |
| Congeniality |  |  |  |  |  |
| Flexible to changes |  |  |  |  |  |
| Open to new ideas |  |  |  |  |  |
| Organizational skills |  |  |  |  |  |
| Optimistic |  |  |  |  |  |
| Patience with others |  |  |  |  |  |
| Polite to everyone |  |  |  |  |  |
| Warmth |  |  |  |  |  |

Compose a 1-2 page personal statement, discussing why you want to pursue a career in teaching your chosen subject area. Use professional language, as you would for a job application. Direct yourself to an audience that includes science education faculty, your prospective cooperating teachers for your future clinical experience in the fall, and potential future employers. You should address these questions in your essay:

* How did you become interested in teaching? Have you had any experiences such as tutoring, camp counselor, etc. that have helped to prepare you for teaching?
* What qualities do you possess which leads you believe you will be a great science teacher?
* What do you hope to get out of your first clinical experience this fall in a high school classroom and how might it contribute to your growth as a teacher?

[Click here to enter text, or attach additional pages.]

*College of Liberal Arts & Sciences Teacher Licensure Programs Office of Secondary School Partnerships and Clinical Experiences* (815) 753-0325

**Authorization for the Release of Non-Directory Student Information**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name of Student) hereby authorize the **College of Liberal Arts and Sciences Secondary Teacher Certification Program** (University department or employee) to disclose to the following person or agency (“Recipient”- please identify the individuals or class of individuals or entities to whom the disclosure is made): **School districts, high schools, middle schools, and appropriate school personnel** the following information from education records pertaining to me and maintained by Northern Illinois University (specify the records that may be disclosed): **transcripts (official and unofficial), letters and forms of reference, program evaluations (including: Cooperating Teacher Evaluations, Student Teaching Evaluations, and other program evaluation forms), Program Awards information, and verbal recommendations.**

The purpose of this disclosure is:  **to distribute applications for and secure clinical placement positions as required by state policy for certification; provide assistance in obtaining employment in the schools through solicited recommendations (verbal or written).**

I understand that education records pertaining to me and maintained by Northern Illinois University may be protected under the Family Educational Rights and Privacy Act (FERPA). I certify that this Authorization to release information from such education records has been given freely and voluntarily. I may revoke this Authorization at any time by providing written notice of such revocation to the University department or employee who maintains the records subject to this Authorization. I understand and accept that any such revocation shall not affect disclosures previously made by Northern Illinois University in reliance upon this Authorization and prior to the receipt of any such written revocation.

The Recipient of the information designated in this Authorization will be informed at the time of disclosure that the information disclosed about me may ***not*** be re-disclosed to others as a result of this Authorization unless I independently authorize such re-disclosure.

**I have read this Authorization for the Release of Information and understand its terms and provisions. I hereby give authorization for the disclosure of information set forth in this form.**

Signature of Student

Date

Printed Name of Student:

Z-ID:

Approved: University Legal Services – 9-2007