

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:	
<input type="checkbox"/> PDF of your Degree Audit showing all requirements met (Current semester courses can be pending)		
EDUCATION LICENSE:		
<input type="checkbox"/> Elementary (PK-5)	<input type="checkbox"/> Multi-Age (PK-12)	
<input type="checkbox"/> Inclusive Elementary (PK-5)	<input type="checkbox"/> Drama/Theatre	
<input type="checkbox"/> Middle Childhood (4-9)	<input type="checkbox"/> Foreign Language	<input type="checkbox"/> French
		<input type="checkbox"/> Spanish
<input type="checkbox"/> Reading & Language Arts	<input type="checkbox"/> Music	
<input type="checkbox"/> Mathematics	<input type="checkbox"/> Visual Arts	
<input type="checkbox"/> Science		
<input type="checkbox"/> Social Studies	<input type="checkbox"/> Adolescence to Young Adult (7-12)	
<input type="checkbox"/> Special Education (K-12)	<input type="checkbox"/> Integrated Language Arts	
	<input type="checkbox"/> Integrated Mathematics	
	<input type="checkbox"/> Integrated Science	
	<input type="checkbox"/> Integrated Social Studies	

OHIO ASSESSMENT FOR EDUCATORS (OAE) TESTS:		
	Score	Pass/Fail
ELEMENTARY (PK-5)		
Elementary Education Subtest I and		
Elementary Education Subtest II		
and Foundations of Reading		
Inclusive Elementary (PK-5)		
Elementary Education: Subtest I		
Elementary Education Subtest II		
and Foundations of Reading		
and Early Childhood Special Education		
MIDDLE CHILDHOOD (4-9)		
Middle Grades Subject -		
Middle Grades Subject -		
and Foundations of Reading		
SPECIAL EDUCATION (K-12)		
Special Education		
and Foundations of Reading		
ADOLESCENCE TO YOUNG ADULT (7-12)		
Content Assessment -		
MULTI-AGE (PK-12)		
Content Assessment or ACTFL/LTI		
edTPA SCORE		
edTPA Overall Score		

SEMESTER RECORD OF STUDENT TEACHING ACTIVITY

Placement One (Circle One) ELEM (PK-5) IEE (PK-5) MC (4-9) SPED (K-12) AYA (7-12) MA (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) ELEM (PK-5) IEE (PK-5) MC (4-9) SPED (K-12) AYA (7-12) MA (PK-12)

Date _____ AM _____ PM _____ All Day _____

School/District

Supervising teacher

Grade level(s)

Subject(s) taught

Number of weeks in teaching assignment

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 your future 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 aggregated or disaggregated 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: _____

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

Applicant has:

- Current Background Check
- Conferred bachelor's degree
- Applied for a *four-year resident educator license with the correct effective year*
- Applied for the correct license and content area(s)
- Fully completed the program required for the license with degree audit
- Any exceptions/substitutions are noted on the degree audit
- Met eligibility requirements for the selected teaching field and/or endorsement
- Passed the appropriate tests for the license/endorsement and met the qualifying edTPA score

ODE Online Application Approval Recommended by Licensure Officer on: _____