

Application to Teacher Training Checklist

Candidate Name: _____ Degree: _____

Prerequisites:

- Cumulative GPA of 3.0 or Better
- Earn a grade of “B” or better in all professional required courses.
- Qualifying Score on Required Praxis Series Exam
- Clear Tribal, State and Federal Background Check and Drug Testing

Praxis Requirements: *(Official Score Report Must Be Filed with the Education Office)*

- Passing Score on Praxis Series Content Knowledge Exam
Test: _____ Date: _____
- Verification of a signed Praxis “Opt- Out” form for Early Childhood Majors seeking non-certification *(Praxis Opt-Out form attached)*

Application Packet: *(DEADLINE DATES: October 15 & March 15)*

- Letter to Dean of Education Requesting Acceptance to Teacher Training
- Completed Application Form for Acceptance into Teacher Training Program
- Three Letters of Recommendation *(Three (3) forms attached)*
- Unofficial Transcripts *(Print from Jenzabar)*
- Change of Major Form *(form attached if changing degrees)*
- Current Status Sheet for Bachelors of Education Program of Study *(attach copy)*
- Individual Plan of Study for Program Completion
- Signed Commitment to Excellence
- Verification of Praxis score report or signed Praxis “Opt-Out” form attached
- Authorization for Release of Information
- Verification of Initiation of Background Checks and Drug Testing
(Attach receipts of all background checks and drug test to application)

Portfolio Requirements:

- Professional Portfolio Submitted for Initial Review
 - Portfolio Set Up for InTASC Standards
 - Personalized Cover Page (Name, Certification Area, Contact Info)
 - Autobiographical Sketch – Typed essay “Who I Am and Why I Want to Be a Teacher” *(Guidelines in Ed. Dept. Handbook)*
 - Philosophy of Education or Vision, Mission and Belief Statements, if Foundations of Education or Introduction to Early Childhood Education have been completed.
- Sophomore Experience or Early Childhood Specialty Internship Journal, if these experiences have been completed.

**OGLALA LAKOTA COLLEGE
EDUCATION DEPARTMENT**



APPLICATION FOR OLC TEACHER TRAINING PROGRAM

Personal Information

Name: _____

Mailing Address: _____

Telephone: _____ E-Mail: _____

Employment Record

Place of Employment: _____ Work Phone: _____

Supervisor: _____ Hours worked per week: _____

Paraprofessional grade level experience(s): circle applicable K 1 2 3 4 5 6 7 8 9 10 11 12

Race/Ethnicity:(circle one) Native American/Alaskan Native Asian White

Native Hawaiian/Pacific Islander Black/African American Hispanic/Latino

Academic Information

Degrees (check all applicable)

High School Diploma _____ Associate's _____ Bachelor's _____

Master's _____ Other Certification _____

Number of Credit Hours Completed: _____ Cumulative GPA: _____

Have you been on academic probation? _____ (Yes or No) If yes, explain on the back of this form.

Do you have any special needs where accommodations will need to be made? ____ (Yes or No, if Yes, please explain below):

OLC Program/Conditions (check all applicable) **Status Sheet/Catalog Year:** _____

____ Bachelor of Science Degree in K-8 Elementary Education w/ Middle Level

____ Bachelor of Science Degree in Early Childhood Education (Indicate Program of Study)

____ SD Teacher Certification Emphasis ____ Head Start Emphasis

____ Bachelor of Science Degree in K-12 Lakota Studies

____ Bachelor of Physical Science Degree in 7-12 Secondary Education

____ K-12 Exceptional Education Certification (for certified teachers only)

GPA Requirement:

I understand that I must maintain a cumulative GPA of 3.0 or better, and that all professional requirement grades must be a B or better to remain in the teacher training program and to be eligible for possible assistance. *(Effective 2016-2017 increased from "C" or better, this requirement applies to courses taken Fall 2016 or later)*

(Initial here) _____

Praxis II Content Knowledge Exam:

Name of Exam Taken: _____

Date Exam Taken: _____

Score: _____ Passed/Not Passed: _____

I understand that I must take and pass the Praxis II Exam for acceptance into the teacher preparation program. I further understand I am responsible for all costs incurred to complete the exam.

(Initial here) _____

Professionalism and Ethical Conduct:

I understand that I must conduct myself in a professional manner to remain in the teacher preparation program. I further understand that I may be dismissed from the teacher preparation program for unprofessional conduct and/or violations of the SD Code of Ethics for Teachers.

(Initial here) _____

Disabilities:

I understand that if I have a disability for which I may need an accommodation, it would be my responsibility to notify the Director of Student Affairs at 455-6040.

(Initial here) _____

Background Check and Drug Testing:

For the safety of the students, most schools/school districts require that teacher candidates undergo a background check and/or drug test prior to being placed in a classroom for field-based experiences. The cost of the background check and/or drug test required by the school is the responsibility of the student teacher candidate.

I understand that I am responsible for all costs incurred to complete the background check and/or drug test required by my supportive school.

(Initial here) _____

Criminal Record Check:

I understand that the South Dakota Department of Education will conduct a criminal background check when I apply for teaching certification upon receiving my degree. If I should have been convicted of a felony, crime of moral turpitude or narcotics use, I understand that I may not become certified to teach children within a school setting.

(Initial here) _____

Candidate Signature: _____ **Date:** _____

OFFICE USE ONLY:

Received in the OLC Education Department on: _____

By (name and title): _____

Oglala Lakota College Education Department



Reference Form for Applicants

Applicant's Name: _____

The above named individual is applying for acceptance into the educator preparation program at Oglala Lakota College. As part of the application process prospective teacher candidates must submit three letters of reference from education professionals. Please complete the items below and return the form to the applicant in a sealed envelope with your signature written across the sealed area. It is the responsibility of the applicant to submit the sealed envelope to the OLC Education Department as part of his/her application packet.

Rating Scale

- 5 = Exceptional: The applicant exemplifies these attributes.
- 4 = Commendable: The applicant almost always demonstrates these attributes.
- 3 = Acceptable: The applicant often demonstrates these attributes.
- 2 = Developing: The applicant sometimes demonstrates these attributes.
- 1 = Not Evident: The applicant does not demonstrate these attributes.

Please comment, describing the manner in which the applicant demonstrates each of the following Lakota values and virtues. Then, using the scale described above, provide a rating of 1-5 for each area.

- *Wohitika* (Bravery and Courage) – the ability to be courageous when facing challenging situations by modeling leadership and positive agents of change.

Rating: _____

- *Wowacin Tanka* (Patience and Fortitude) – to persist despite difficulties, be resilient when facing obstacles, and to keep in mind the need for humility.

Rating: _____

- *Wacante Ognaka* (Compassion and Generosity) – to show generosity in a variety of ways, but mainly through modeling compassion for others.

Rating: _____

- *Woksape* (Wisdom) –the accumulation of individual experience, having a vision for the future and using that wisdom to make appropriate decisions in life.

Rating: _____

- *Wolakota* (Peace & Harmony) – a spiritual way of life; living in peace and harmony with oneself, others and in nature.

Rating: _____

Please briefly describe your relationship with the applicant.

How long have you known and/or worked with the applicant? _____

Please provide any additional comments in regards to the applicant's disposition towards becoming a highly qualified, professional, motivated and reflective teacher who possesses and practice wolakolkiciyapi.

Signature _____ Date _____

Printed Name _____ Phone: _____

Organization _____ Position _____

Pilamaya ye! Thank you for your time and consideration in completing this reference letter.

Oglala Lakota College Education Department



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Signature _____ Date _____

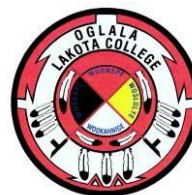
Printed Name _____ Phone: _____

Organization _____ Position _____

Pilamaya ye! Thank you for your time and consideration in completing this reference letter.



Change of Major Form



Use this form to change your major. Please complete all sections that apply, using exact degree titles and catalog years. (There is no limit to the amount of times you can change your major.)

ID#: _____ Student Name (Please print): _____ Date: _____

Advisor: _____ Home Center _____ Phone# _____

Indicate which level of degree you are pursuing, whether it is a Certificate, Associate of Arts or Applied Science, Bachelor of Arts or Bachelors of Science Degree.

Certificate AA/AAS Degree (2 year) BA/BS Degree (4 year)

Major (Degree): _____

Emphasis: _____

Catalog Year: _____

How to calculate the number of PELL hours you are eligible for?

Total Degree Hours 130 x 150% = 195 (eligible PELL hours)
This covers repeats and failed courses

What does 67% Pace of Progression mean?

This means that you must have successfully completed 67% of the credit hours attempted.
If you attempted 55 credit hours and passed 45, calculate it as follows:

$$\text{Number passed } 45 / \text{Number } 55 \text{ attempted} = 81\%$$

I agree to complete the core courses and Lakota studies requirements of my declared major and I understand that PELL will pay for this degree only. Students must declare a major at Oglala Lakota College in order to receive financial aid, including scholarships, PELL, book assistance, and higher education assistance.



Complete this section when ADDING a second or dual major, and this degree will not be paid by PELL. All students can pick two degrees, but PELL will only pay for the first one. So, if a nursing student chooses to do this, remember they are using up the 150% in the nursing degree with a previous degree and may run out of PELL for their nursing degree. It's better to have the student focus on one degree for PELL purposes.

Dual Major: _____

Student Signature: _____ Advisor: _____

For Office Use Only:	
Date of Computer Change _____	Registrar's Office Initials _____

**Education Department
Individual Plan for Program Completion**

Student Name: _____ ID#: _____

Center: _____ Status Sheet Year _____

Degree: _____ Projected Graduation Date: _____

Advisor: _____ Date Completed: _____

Fall 2019	Fall 2020	Fall 2021	Fall 2022	Fall 2023
Spring 2020	Spring 2021	Spring 2022	Spring 2023	Spring 2024
Summer 2020	Summer 2021	Summer 2022	Summer 2023	Summer 2024

Notes:

Praxis Content Knowledge Exam Score or test date: _____

Praxis Principles of Learning and Teaching Exam Score or test date: _____

Education Department Ideal Plan of Study for Bachelor Degree Programs

Bachelor of Arts Degree in Early Childhood Education									
Year 1		Year 2		Year 3		Year 4		Year 5	
Fall	Spring	Fall	Spring	Fall	Spring	Fall	Spring	Fall	Spring
SpCm 103	Humanities	ED 213	ECH 223	Lit 203	ED 463	EDECH 413	EDECH 433	ECH 496 or EDLK 489	
Engl 103	Engl 113	ECH 203	ECH 233	ECH 323	ECH 413	EDECH 402	EDECH 453		
MIS 113	Psy 103	ED 303E	ECH 253	ECH 363	ECH 423	EDECH 423	ECH/ED/ EDECH Elective		
Math 103/134	Bio 103/113	ECH 213	ExEd 313	ECH 383	ECH 403	EDECH 462	ED 483 (opt)		
LSoc 103	Lak 103	Lak 233 or Lak Elective	ECH 243	Lak 233 or Lak Elective	ED 443 (PD Option)	Lakota Elective	EDLK 473		
		Application to BA Program	Complete AA Degree				Application to Student Tchg or Practicum	Complete BA Degree	

Bachelor of Science Degree in K-8 Elementary Education with Middle Level									
Year 1		Year 2		Year 3		Year 4		Year 5	
Fall	Spring	Fall	Spring	Fall	Spring	Fall	Spring	Fall	Spring
SpCm 103	Humanities	ED 213	English Elective	Lit 203	ED 463 (opt)	EDECH 413	EDECH 433	EDLK 489	
Engl 103	Engl 113	Sci 204	Sci 214	ED 303	ED 313	EDECH 402	EDECH 453		
MIS 113	Psy 103	Math 234	Math 244	ED 303E	ED 323	EDECH 423	ED 443		
Math 103/134	Bio 103/113	PolS 203	Geo 213	HISA 363	ED 443	EDECH 462	ED 483 (opt)		
LSoc 103 or Lak Elective	Lak 103	Lak 233	ExEd 313	ED 283	LSoc 103 or Lak Elective	Lakota Elective	EDLK 473		
			Application to Program	Complete AA Degree			Application to Student Teaching	Complete BS Degree	

Bachelor of Science Degree in K-12 Lakota Studies Education									
Year 1		Year 2		Year 3		Year 4		Year 5	
Fall	Spring	Fall	Spring	Fall	Spring	Fall	Spring	Fall	Spring
SpCm 103	Engl 113	Bio 103/113	Lak 313	LSoc 313	ExEd 313	ED 303E	ED 313	EDLK 489	
Engl 103	Math 103/134	Lit 203	LLit 103	LLit 213	Lak 283	Ed 283	ED 323	EDLK 473	
MIS 113	Psy 103	PolS 203	Geo 213	HISA 363	LPol 223	LKED 433	EDECH 453	ScEd 443	
LSoc 103	LArt 103	LHist 203/ 213	Humanities Elective	Math 234	LHist 323	LKED 453	ED 483 (opt)		
Lak 103	Lak 233	Lak 323	Lak 423	ED 213	LPsy 323	ED 463 (opt)	ED 443		
						Application to Program	Application to Student Teaching		

Bachelor of Science Degree in 7-12 Physical Science Education									
Year 1		Year 2		Year 3		Year 4		Year 5	
Fall	Spring	Fall	Spring	Fall	Spring	Fall	Spring	Fall	Spring
SpCm 103	Engl 113	BIO 103 or Higher	BIO 153 and 151	BIO 223	NSci 443	Humanities Elective	ED 313	ScEd 403	EDLK 489
Engl 103	LSoc 103	Lit 203	Phys 113	Phys 214	Phys 223 and 221	ED 303E	ED 323	ScEd 413	EDLK 473
MIS 113	Psy 103	Chem 233 and 231	Chem 243 and 241	Chem 253 and 251	Chem 263 and 261	ED 283	ED 483 (opt)	ScEd 443	
Lak 103	Lak 223	Geol 143	Geol 153	Chem 323	Phys 253	Phys 434	Lakota Elective	Lakota Elective	
Math 103	Math 134	Math 154	Math 163	Math 194	ExEd 313	ED 463 (opt)			
						Application to Program		Application to Student Teaching	

Oglala Lakota College
PO Box 490
Kyle, SD 57750



Education Department
Ph: 605-455-6012
Fx: 605-455-2787

SUBJECT: PRAXIS “OPT OUT” for students pursuing Bachelor of Arts Degree in Early Childhood Education – Birth to Preschool/Head Start Emphasis

My name and signature below indicate that I have chosen to pursue the Bachelor of Arts Degree in Early Childhood Education – Birth to Preschool/Head Start Emphasis status sheet with the following understandings:

- I am choosing to “opt out” of taking the Praxis exams that are required for state certification.
- I understand that this degree does not lead to state certification. If I choose to seek state certification at a later date, it is my responsibility to take any additional coursework, pass all required licensure exams, and submit a completed application with accompanying documentation to the South Dakota Department of Education.
- I understand that I am still required to meet all other program graduation requirements as outlined in the Oglala Lakota College catalog, the Teacher Preparation Program handbook, and the Student Teaching handbook; including, but not limited to: maintaining the minimum GPA required by the Education Department, completion of coursework as outlined on the status sheet, and submitting a Professional Portfolio.

Student Name – Printed

Ed. Dept. Advisor – Printed

Student Signature

Ed. Dept. Advisor Signature

Date

Date

Accepted by:

Dean of Education Signature

Date



Oglala Lakota College
 Personnel Office
 P.O. Box 490
 Kyle, South Dakota 57752

Authorization for Release of Information

I Authorize any investigator, or other duly accredited representative of the agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agent, employers, criminal justice agencies, or other sources of information. This information may include, but it not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, and criminal history record information.

I further authorize any investigator, or other duly accredited representative of the **OGLALA LAKOTA COLLEGE**, who is conducting my background investigation, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in a position working with children. I understand that I may request a copy of such good records as may be available to me under the law.

I authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, or other duly accredited representatives authorize above regardless of any previous agreement to the contrary.

I understand that the information released by records custodian and sources of information is for official use by **Oglala Lakota College** only for the purposes of determining my suitability for acceptance into the

Education Department Teacher Training Program at Oglala Lakota College

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the **Oglala Lakota College**, whichever is sooner.

Forward the results of the investigation to the **Personnel Office at Oglala Lakota College by fax: (605) 455-6050 or P.O. Box 490 Kyle, S.D. 57752.**

- Please complete: South Dakota Background Check
 Tribal Background Check
 Federal Fingerprint Background Check
 Drug Screening

Signature (sign in black ink)	Printed name w/Date of Birth	Date Signed	
Other Named Used		Social Security Number	
Current Address	State	Zip Code	Contact Number(s)

Oglala Lakota College Education Department



Verification of Initiation of Background Checks and Drug Testing

Applicant's Name: _____

- [] I recently applied for acceptance into the OLC Teacher Preparation Program and, as part of that process, have tribal, state and national background checks, as well as drug testing results, on file in the OLC Personnel Office.

Verified by: _____

Signature / Title / Date

- [] I am an OLC Head Start Employee; my background checks and drug testing results are on file in the OLC Personnel Office. I submitted a release authorizing the Personnel Office to share this information with the OLC Education Department.

Verified by: _____

Signature / Title / Date

- [] I am currently employed by a PK-12 childcare center or school. I submitted a release, authorizing the Human Resource Office at _____ to send the results of my [] tribal, [] state and [] federal background checks and [] drug testing to the OLC Personnel Office. (Note: Check all that apply, but do not check those for which the employer did not require or does not have record of.)

Verified by: _____

Signature / Title / Date

- [] I am not currently employed by a PK-12 childcare center or school or my PK-12 employer did not require all necessary background checks as identified in this application. I've submitted a release authorizing _____ to conduct my [] tribal, [] state and/or [] federal background checks and [] drug testing background check and send the results to the OLC Personnel Office. (Check all that apply and attach money order receipts.)

Verified by: _____

Signature / Title / Date

I am not currently employed by a PK-12 childcare center or school or my PK-12 employer did not require all necessary background checks as identified in this application. I've submitted a release authorizing the OLC Personnel Office to conduct my state and/or federal background checks and drug testing and to share these results with the OLC Education Department. (Check all that apply.)

Verified by: _____
Signature / Title / Date

Furthermore, I request the fees for the background check(s) and/or drug testing be billed to the Education Department and understand these costs will be applied towards my award amount and payback for the grant, if selected. I meet the grant prerequisite requirements and have submitted a complete application packet. (This section must be verified by the Dean of Education or Education Secretary – payment will only be made for those who meet the prerequisite requirements and have submitted a complete application packet.)

Verified by: _____
Signature / Title / Date



Oglala Lakota College Education Department Background and Drug Test Fees

State Background Check completed at OLC	FREE
Federal Background Check completed at OLC	\$43.25
Tribal Background Check <i>(Can be done through OST Courts in Pine Ridge please contact them at 867-5151)</i>	\$20.00
Drug test fees completed at OLC	\$30.00

All of the above amounts are through Oglala Lakota College and if a student wishes to go elsewhere to get any of the above done fees may be different. When a student comes through Oglala Lakota College for any of the above, the amount needs to be paid directly to the Business Office and a receipt will be given to the candidate to take to the Personnel Office.

Forms of payment accepted include: cash, check, money order and debit/credit card

Please remember to bring I.D.