Welcome to the application process for the Exceptional Education Early Childhood Special Education Teacher Certification professional sequence. If accepted, upon completion of the program you will earn a Bachelor’s degree from the School of Education and will be eligible for an Initial Educator license at the EC level in subject area 809 Cross-categorical Special Education from the Wisconsin Department of Public Instruction (DPI).

**Application Process:**

The application Deadline is April 1, 2019. Consult with your academic advisor to discuss your readiness to apply to the cohort and the minimum application requirements.

**Required Application Materials:**

- **Undergraduate ECSE application form (attached on page 3)**
- **Two recommendation forms (attached)** which serve as reference letters. They will speak to your potential for teaching students with disabilities in an urban setting. Example: your cooperating teacher for Currins 340 or 440 if you are currently in the field. The forms must be filled out and mailed by a current or past employer and/or teacher who played a supervisory role. Have person filling out recommendation form submit it directly to UWM.
- **Personal Statement** explaining why you want to become a Special Education Teacher. Discuss why you are applying to this program with its urban education mission. Describe the experiences that have influenced your decision and outline your strengths for teaching students with disabilities. Include examples from your personal, work, and school commitments. One page minimum, typed.
- **Current resume**

Submit completed materials to:

University of Wisconsin – Milwaukee
School of Education – Office of Student Services
Enderis Hall 209
2400 E. Hartford Ave.
Milwaukee, WI 53211

Application Review: Applicants with a complete application will be notified via email of an interview date and time. This interview is mandatory. Program admission decisions are based upon the following:

1. **Interview**: Faculty members will interview applicants in a group interview setting. The interview provides an important supplement to the application materials submitted.

2. **On-site Writing Sample**: You will be asked to demonstrate your writing ability in an impromptu writing sample on the day of your interview. Please inform the faculty team in advance if you require any accommodations.

3. **Application Materials**: Your application materials will be reviewed and factored into scores on items such as: your clear sense of purpose, your commitment to urban teaching, teaching students with disabilities, and your ability to communicate effectively.
GPA Requirement:
A minimum cumulative grade point average of 2.50 in your UW-Milwaukee coursework is required in order to be admitted to the professional sequence. Meet with your advisor if your GPA is below a 2.50 to discuss your options.

Admission:
Decision letters will be emailed to applicants approximately 2-3 weeks after completion of the interview.

You will be assigned an Academic advisor and a Faculty advisor. Your Academic advisor is your contact for assistance with registration or navigating the campus and UW system. Your Faculty advisor is the person who will provide you support with special education content and field supervision. Your advisors support your progress, growth, and development and assist you in progressing towards your degree. It is vital you contact your advisors with questions, concerns, and changes as they occur.
Undergraduate Application to the Exceptional Education Bachelor's Degree
In EC Special Education – University of Wisconsin Milwaukee

GENERAL INFORMATION

Last Name: ____________________________ First Name: ____________________________ Middle: ____________________________

UWM Campus ID: ______________________ Email Address: ______________________ Phone Number: ______________________

Home Address: ______________________ City: ____________________________ State/Zip: ______________________

FOR US DEPARTMENT OF EDUCATION REPORTING PURPOSES

Disability: 
- Yes ______________________
- No ______________________

Ethnicity: 
- African American/Black ___
- American Indian or Alaska Native ___
- Hispanic/Latino ___
- Southeast Asian: Cambodian, Hmong, Laotian, Vietnamese ___
- Other Asian/Pacific Islander ___
- Caucasian/White ___
- Other: ____________________________

Gender: 
- Female ___
- Male ___
- Trans or Transgender ___
- Another gender identity: ____________________________
- Prefer not to answer ___

How did you hear about our program?
- UWM Website ______________________
- Other Website _______________________ 
- Radio Station _________________________
- Newspaper __________________________
- Flyer ________________________________
- Word of Mouth ________________________
- Referral _____________________________
- Advisor ______________________________
- Other _______________________________

COMPETENCY AND EXCEPTIONAL EDUCATION REQUIREMENTS

<table>
<thead>
<tr>
<th>Course</th>
<th>Grade</th>
<th>GPA/Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENGLISH 102 OR</td>
<td>____</td>
<td>____</td>
</tr>
<tr>
<td>Passed Score on Placement Exam</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CURRINS 312</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CURRINS 140</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MATH 175</td>
<td>____</td>
<td>____</td>
</tr>
<tr>
<td>EXCEDUC 630</td>
<td>____</td>
<td>____</td>
</tr>
</tbody>
</table>

Meeting the minimum application requirements does not guarantee admission. Admission to the Early Childhood professional sequence is based on academic records, interview, and other materials required as part of the application. Applications will not be considered if:

1. The application materials arrive after a deadline
2. The application file is incomplete, or
3. The applicant does not meet the minimum criteria

I certify that the information in this application is true and complete to the best of my knowledge and I understand that inaccurate information may affect my status. This application and supporting documents become the property of the University of Wisconsin System.

Applicant's Signature: ____________________________ Date: ____________________________

Do you have any special needs that would require special services?

FOR OFFICE USE ONLY

Application Period: FALL 2019

Date Application Received at UWM: ____/____/_____

Receipt of Application Letter Sent: ____________________________

Applicant Meets Requirements: ____ Yes ____ No Email Letter Sent: _______________
Applicant Name: __________________________________________________________________________

Date: __________________________________________________________________________________

Your Name: ____________________________________________________________________________

Your Position/District: __________________________________________________________________

The aforementioned applicant is applying to the UW-Milwaukee Exceptional Education Teacher Certification Program. This form serves as a substitute for a formal letter of recommendation. Your input is extremely valuable, as this will help in us determining the applicant’s entry into the program. Please include comments to clarify your rating.

<table>
<thead>
<tr>
<th></th>
<th>BOTTOM 50% (POOR)</th>
<th>TOP 50% (AVERAGE)</th>
<th>TOP 30% (ABOVE AVERAGE)</th>
<th>TOP 10% (STELLAR)</th>
<th>NOT ABLE TO RATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shows professionalism in working with students, staff and families</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fulfills all job responsibilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is good at collaborating with staff members – is a team player</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has potential to work in partnership with students’ families</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Responds well to feedback</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shows potential to assume responsibilities of special education teacher</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comments regarding professionalism:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

|                                      |                   |                   |                        |                   |                 |
| Is respectful of students |                   |                   |                        |                   |                 |
| Is respected by students |                   |                   |                        |                   |                 |
| Has high expectations for all students |                   |                   |                        |                   |                 |
| Focuses on student learning |                   |                   |                        |                   |                 |
| Has the disposition to work successfully with students with disabilities |                   |                   |                        |                   |                 |
| Takes initiative |                   |                   |                        |                   |                 |
| Is a learner |                   |                   |                        |                   |                 |
| Comments regarding dispositions: |                   |                   |                        |                   |                 |

|                                      |                   |                   |                        |                   |                 |
| Demonstrates a high level of commitment for teaching in a urban context |                   |                   |                        |                   |                 |
| Embraces diversity and examines one’s own beliefs and biases to foster continued growth |                   |                   |                        |                   |                 |
| Comments regarding diversity: |                   |                   |                        |                   |                 |

Signature of person completing the form: ____________________________________________ Date: __________________

Your Contact Information: Phone: __________________________ Email: __________________________

Please mail with your signature on the envelope seal to:

University of Wisconsin – Milwaukee
School of Education – Office of Student Services
P.O. Box 413
Milwaukee, WI 53201-0413