

Application for Admission
**Advanced Alternative Route to
Special Education Certification**

Thank you for your interest in the AARC for Special Education. To be considered for entry into the program, you must:

- Hold a current, valid teaching certificate in the State of Connecticut
- Have a minimum of 3 years successful teaching experience in the past 8 years (substitute teaching experience will be considered)
- Possess the desire to teach students with disabilities as a special educator
- Have access to a computer and a working email address
- Receive AARC faculty recommendation after review of your application and interview
- Submit to Jan Waters 111 Charter Oak Ave, Hartford, CT 06106 the following paperwork by June 1, 2009
 - _____ Completed and signed Application Form
 - _____ A copy of your certification document
 - _____ Three letters of recommendation, including one from a current administrator
 - _____ Résumé (including information about formal education beyond high school)
 - _____ Official transcripts from institutions of higher learning (in envelopes sealed by institutions)
 - _____ Essay (see attached format)
 - _____ Application fee in the amount of \$50.00 in the form of a bank check or Money Order made out to Capitol Region Education Council.

Application Process

- Interviews are part of the admission process for this program. Following a paper screening of all applicants, personal interviews will be conducted to determine which applicants will be admitted to the program. You will be notified if you are chosen for an interview.
- Tuition for the AARC program is \$4,499, excluding the application fee (\$50), books/materials (approx. \$500) and additional certification fees. This amount will be payable in two equal installments: June and October, 2009.

Thank you again for your interest and we look forward to meeting you. If you have any questions please contact Jan Waters at 860-509-3619 or jwaters@crec.org. Information is also available online at <http://www.crec.org/tabs/index.php>. Please view Highlighted Programs - Advanced Alternate Route to Special Education Certification

Sincerely,
Sonya Kunkel
Director of AARC for Special Education
CREC Special Services Support Team
860-509-3763

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Applicant's Name: _____

Address: _____

Email: _____

Telephone numbers (please include area codes)

(h) _____

(w) _____

(c) _____

Please include with this application a copy of your official transcripts, a valid teaching certificate, and a current résumé. In addition, please respond to the following:

I currently hold Connecticut certification. _____ Yes _____ No

If you answered "no," are you eligible for Connecticut teaching certification?

_____ Yes _____ No

Area(s) in which you currently are certified, including subject area(s) and grade level(s)

Teaching Experience

Dates District Certified Area Teaching Assignment (indicate full or part time)

Current _____

Previous _____

Record of Professional Development in Special Education

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Applicant's Name _____

Please describe any experience you may have had related to working with students with disabilities.

Professional recognition (e.g., special teaching awards or recognition, honors):

Have you ever participated in the BEST Program? _____ Yes _____ No
Please check below the capacity or capacities in which you have participated:
 Beginning Teacher Mentor
 Cooperating Teacher Assessor
 Portfolio Scorer
 Have completed a BEST Portfolio for certification in CT

Please describe briefly your experience related to the category/categories you have checked

I certify that all items included with this application are correct and complete. I understand that incomplete information, the withholding of information, or incorrect information may disqualify me for admission into the program. I understand that my completed application is to be submitted by June 1, 2009, and that it is to include the application form and personal essay completed by me, as well as all other items listed above. I understand, also, that this program is intended to prepare me to apply for CT certification for Special Education Teacher.

For final special education certification, I understand I will need to successfully complete the program, pass Praxis II and complete and submit all mandated paperwork to the State Department of Education.

Signature _____ Date _____

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111 Charter Oak Avenue
Hartford, Connecticut 06106
(860) 509-3763
Fax (860) 246-3304
Internet: skunkel@crec.org
Website: <http://www.crec.org/>

Applicant's Name _____

References

Please submit three letters of recommendation attesting to your ability to meet the standards listed on the bottom of this page that are required of a special education teacher. At least one of these three letters is to be from a current administrator, who will include in his/her letter the intention to support the efforts of the candidate to meet the requirements of this program.

1. Name _____
Position _____
Address _____
City _____
State _____ Zip _____
Telephone _____
2. Name _____
Position _____
Address _____
City _____
State _____ Zip _____
Telephone _____
3. Name _____
Position _____
Address _____
City _____
State _____ Zip _____
Telephone _____

Standards

Candidates who complete this program will be able to demonstrate competence in Discipline-Based Professional Teaching Standards for Teachers of Special Education

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ESSAY

Please compose and attach an essay, limited to two typed pages, double-spaced, in which you respond to all of the following questions:

- What is your motivation for pursuing certification as a special education teacher?
- What do you see as the key roles of an effective special education teacher?
- What is your experience working collaboratively with teachers and administrators in your school/district?
- What personal strengths do you have that would contribute to your success as a special education teacher?