

Educator Preparation Institute
Student Information Sheet

Name: _____ SSN: _____

Date of Birth: _____ Gender: _____

Ethnicity: _____ African American or Black _____ American Indian or Native Alaskan
_____ Asian or Pacific Islander _____ Hispanic _____ Caucasian
_____ Other

Address: _____

Phone #1: _____ Phone #2: _____

Previous Occupation: _____

Reason for becoming a teacher: _____

<p>For Office Staff Use Only:</p> <p>Date Admitted to Program: _____ Date Completed Program: _____</p>

Statement of Status of Eligibility Information:

Subject Area: _____

Date Issued: _____ Date Expires: _____

Temporary Certificate (only if applicable):

Date Issued: _____ Date Expires: _____

If Currently Teaching:

School Name: _____

School Address: _____

School Phone: _____ Date Hired: _____

Principal's Name: _____

Pre-admittance checklist:

_____ FEAPS Self Assessment

_____ Teaching Questionnaire

_____ Transcripts

_____ Statement of Status of Eligibility (and/or) Temporary Teaching Certificate

Completion Checklist (*To be filled out only at completion of the program by EPI Staff*):

_____ Education Plan

_____ FEAPS Self Assessment (Post Program)

_____ Program Evaluation Survey

_____ Portfolio

_____ Copy of official FTCE Score Reports showing passing scores on all parts of the Exam