

## Teacher Education Program – Checkpoint #2

Your full legal name: \_\_\_\_\_ J # \_\_\_\_\_  
First
Middle
Last

**Please check your program(s):**

- |  |  |
|--|--|
| <input type="checkbox"/> LTD (Lutheran Teacher Diploma) or <input type="checkbox"/> Public school only | <input type="checkbox"/> K-12 Physical Education |
| <input type="checkbox"/> Elementary Education (K-8)  | <input type="checkbox"/> K-12 Music              |
| <input type="checkbox"/> Early Childhood (available only with Elementary)                              | <input type="checkbox"/> K-12 Art                |
| <input type="checkbox"/> Middle Level (4-9)  | <input type="checkbox"/> K-12 ELL                |
| <input type="checkbox"/> Secondary (7-12)  |  |

Secondary/Middle Level field or \_\_\_\_\_ GPA \_\_\_\_\_  
 content/subject areas \_\_\_\_\_ GPA \_\_\_\_\_

Cumulative GPA \_\_\_\_\_

- ***This Teacher Education Program – Checkpoint #2 must be completed at least one semester prior to your professional semester.***
- ***Include signatures from the following faculty members in order.***
- ***The Director of Field Experiences will review your progress with field experience hours and multicultural requirements.***
- ***Your Program Director will review your portfolio - make an appointment for this meeting.***

<b>Advisor</b>	Comments:
Signature: _____	Date: _____

<b>Director of Field Experiences</b>	Comments:
Signature: _____	Date: _____

<b>Program Director (ECE, Elem, ML, or Sec)</b>	Comments:
Signature: _____	Date: _____

<b>Dean of Education</b>	Comments:
Signature: _____	Date: _____