

PROGRESS REPORT FOR KANSAS LIMITED APPRENTICE LICENSE

KSDE USE ONLY	Sign		Legal	Consultant
	Fee			
	Expire		FP In	
	RAP		Sendback	
	M&E		Verified by	
	Walk-in			

PROGRESS REPORT TO BE SUBMITTED UPON COMPLETION OF 1ST SEMESTER REQUIREMENTS

SECTION A: TO BE COMPLETED BY THE APPLICANT

Last 4 digits of Social Security Number: _____

LEGAL NAME: First Name

Middle Name

Last Name

I have completed required 1st semester coursework from my plan of study.

CHOOSE ONE:

I am including official paper transcripts with my progress report (*No photocopies*).

OR

My college/university submitted electronic transcripts directly to the following email address: etranscripts@ksde.org

I am enrolled in additional coursework from my plan of study.

Attach verification of enrollment.

SIGNATURE AND DATE REQUIRED

I certify that I am of good moral character and that the information on this application is true and complete to the best of my knowledge. I understand that any misrepresentation of facts may result in the denial or revocation of my certificate or license.

I hereby grant the permission and authorize the Kansas State Department of Education to verify all responses with any mental health facility or governmental agency including a release of any information concerning myself in the child abuse and neglect central registry records, and to obtain and review all records maintained by any criminal justice agency, including a criminal history record information check, regarding any of my criminal charges, adjudications, or convictions, and to contact previous employers for information regarding the term of my employment. I hereby release, discharge, and exonerate the Kansas State Department of Education, its employees, and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing of such records and information. I understand that any material submitted in connection with this application will become the property of the Kansas State Department of Education, and may be considered a public record.

AND

I hereby give my employing school district and verifying licensing institution permission to release any and all information needed.

Applicant Printed Name

Last 4 digits of Social Security Number

Signature of Applicant

Date

APPLICANT CHECKLIST

COMPLETE FOLLOWING SECTIONS:

ALL THREE SECTIONS of the completed progress report must be mailed together.

- 1. SECTION A: APPLICANT** - filled out completely and signed
- 2. SECTION B: DISTRICT** - filled out completely by district and signed
- 3. SECTION C: UNIVERSITY** - filled out completely by university and signed
- 4. MAIL ALL SECTIONS TO:**

Teacher Licensure and Accreditation
KSDE
Landon State Office Building
900 S.W. Jackson Street, Suite 106
Topeka KS 66612-1212

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B: TO BE COMPLETED BY DISTRICT

Last 4 digits of Social Security Number: _____

LEGAL NAME: First Name

Middle Name

Last Name

SCHOOL DISTRICT:

- Please complete and sign.
- Return the completed, signed hard copy in a sealed official school envelope to the Applicant. Coordinate submission with the applicant.

Name of School System

Name of School/District Administrator

Title/Position

Phone

Mailing Address

City

State

Zip

ASSURANCES

I verify that:

- The above applicant has completed all 1st semester requirements, including the required field experience (*if in an elementary program*) and the required 1st semester coursework from the plan of study.
- The applicant is currently enrolled in additional coursework from their plan of study and is on track to complete the program requirements during the allowed two years of the program.
- We continue to support this candidate and to collaborate with _____
(University Name)
regarding the approved program that the applicant will pursue and the on-site support the applicant will receive.
- The applicant has been hired in the following assignment.

ASSIGNMENT (STATE COURSE CODE)	GRADE LEVELS OF ASSIGNMENT
_____	_____
_____	_____

- A Licensed teacher with a minimum or three years of experience is assigned as a mentor, and an approved mentor program will be delivered to the teacher during the Apprentice License.

Name of Mentor

Mentor ID #

I certify that the information on the application is true and complete to the best of my knowledge.

District Level Administrator Name *(please print)*

Position Title *(please print)*

District Level Administrator Signature

Date

The Kansas State Department of Education does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following person has been designated to handle inquiries regarding the nondiscrimination policies: KSDE General Counsel, Office of General Counsel, KSDE, Landon State Office Building, 900 S.W. Jackson, Suite 102, Topeka, KS 66612, (785) 296-3204



Teacher Licensure and Accreditation - Kansas State Department of Education
Landon State Office Building, 900 S.W. Jackson Street, Suite 106
Topeka, KS 66612-1212

(785) 296-2288
(785) 296-7933 - fax

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PROGRESS REPORT TO BE SUBMITTED UPON COMPLETION OF 1ST SEMESTER REQUIREMENTS

C: TO BE COMPLETED BY INSTITUTION

Last 4 digits of Social Security Number: _____

LEGAL NAME: First Name

Middle Name

Last Name

INSTITUTION

- Please complete and sign.
- Return the completed, signed hard copy in a sealed official school envelope to the Applicant. Coordinate submission with the applicant.

Name of Institution

Name of Program Administrator

Title/Position

Phone

Mailing Address

City

State

Zip

ASSURANCES

I verify that:

- The above applicant has completed all 1st semester requirements, including the required field experience (*if in an elementary program*)

AND

- all required 1st semester coursework from the plan of study.
- The applicant is ready to be assigned as a teacher based on observations during field experiences and success in coursework.
- The applicant is currently enrolled in additional coursework from their plan of study and is on track to complete the program requirements during the allowed two years of the program.
- We continue to support this candidate and to collaborate with _____
(District Name and USD)

regarding the approved program and the on-site support the teacher will receive from our university.

- I certify that the information on the application is true and complete to the best of my knowledge.

Program Administrator Name (*please print*)

Position Title (*please print*)

Program Administrator Signature

Date

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