

**SINGLE SUBJECTAGRICULTURE**

**STEP II APPLICATION CHECKLIST**

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| LAST NAME |  | FIRST NAME |  | MI |  | EMPL ID |

**ATTACH THE FOLLOWING ITEMS TO THIS CHECKLIST:**

[ ]  STEP II application form

[ ]  Health Clearance Verification

*DUE: MONDAY OF THE FOURTH WEEK OF FALL, WINTER & SPRING QUARTERS BY 4:30PM*

**School of Education Credential Office (Building 02, Room 120)**

**PLEASE MAKE A COPY OF YOUR STEP PACKET BEFORE YOU SUBMIT IT. ALL SUBMITTED ITEMS BECOME A PART OF THE CANDIDATE FILE AND ARE NOT RETURNED ONCE SUBMITTED.**

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**SINGLE SUBJECTAGRICULTURE**

**STEP II APPLICATION INSTRUCTIONS**

**Due to the School of Education Credential Office (02/120)**

**by Monday of the 4th Week of the Quarter by 4:30PM**

Applications for STEP II which must be submitted by Monday of the fourth week, will be considered by the Single Subject Credential Committee during the sixth week of Fall, Winter and Spring quarters. Candidates who are approved will begin student teaching the following semester, or must reapply for STEP II in a later quarter. The Single Subject Credential Committee decision will be sent to each applicant, prior to the end of the quarter.

Consideration for approval of STEP II requires the following:

\_\_\_\_Application **CHECKLIST** and **APPLICATION**. Complete the application checklist and the STEP II application. Return them to the Credential Office (bldg. 02, Room 120) **as soon as completed, but no later than 4:30 PM on Monday of the fourth week of the quarter prior to beginning your student teaching assignment.**

\_\_\_\_ **TUBERCULOSIS AND RUBELLA CLEARANCE - You must also submit a photocopy of the TB and Rubella clearances to the SOE Credential Office, along with your STEP II application.** A form is provided for your use, if necessary.

\_\_\_\_ **PROFESSIONAL PREPARATION PROGRAM COURSEWORK -** You must complete the required professional preparation coursework and maintain a cumulative, and a quarter by quarter 3.0 grade point average, and a CREDIT grade in all courses graded “CR/NC” only. In addition you must maintain a 3.00 grade point average as a post baccalaureate to remain in the credential program.

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**AGRICULTURE *STEP II******- CREDENTIAL PROGRAM APPLICATION***

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| LAST NAME |  | FIRST NAME |  | MI |
|       |  |       |  |       |
| SSN\* |  | Date of Birth |  | EMPLID |

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| --- | --- | --- | --- | --- |
| **ADDRESS:** |  |  |  |  |
|  | **Street/PO Box** | **City** | **State** | **Zip** |
| **PHONE:** |  |  |
|  | **Local** | **Cell**  |
| **EMAIL ADDRESS:** | **@calpoly.edu** |

**PLEASE MAKE A COPY OF YOUR STEP PACKET BEFORE YOU SUBMIT IT. ALL SUBMITTED ITEMS BECOME A PART OF THE CANDIDATE FILE AND ARE NOT RETURNED ONCE SUBMITTED.**

\*This information provided as part of this application will not be released in any personally identifiable form to any other party.

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**TUBERCULOSIS & RUBELLA CLEARANCE**

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| LAST NAME |  | FIRST NAME |  | MI |  | EMPL ID |

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| --- | --- |
| **TUBERCULOSIS (TB) CLEARANCE** | **RUBELLA** **CLEARANCE** |
|  |  |
| **SKIN TEST:** | **VACCINE GIVEN:** |
| **DATE:** | **DATE:** |
| **RESULT:** | **TYPE:** |
| **CHEST X-RAY:** | **TEST FOR ANTIBODIES:** |
| **DATE:** | **DATE:** |
| **RESULT:** | **RESULT** |
|  |  |
| **Doctor/Nurse’s Signature/Authorized Designee** | **Doctor/Nurse’s Signature/Authorized Designee** |
| **Date:** | **Date:** |

**INSTRUCTIONS**

**Who should complete this form?** You may have your physician or the Cal Poly Health Center (756-1211) complete the information on this form.

**What should I submit?** You may submit a copy of past medical records or you can submit a photocopy of this health form, which is provided as a convenience only, with your STEP application packet.

**TB requirements:** Official evidence indicating freedom from Tuberculosis within the past three years. **Allow time for test results.** TB results take at least 48 hours, and you need to make arrangements to have the test read. Be sure you allow sufficient time to meet the application/ portfolio deadline.

# Rubella vaccination: Rubella immunizations are generally valid for a lifetime, but if you received a Rubella booster injection before January 1, 1980, it must be repeated.

**Proof to schools:** Don’t forget!You must provide evidence that you are free from Tuberculosis to the Principal’s office of each school in which you student teach.