

COLLEGE OF EDUCATION, NURSING AND HEALTH PROFESSIONS

DEPARTMENT OF EDUCATION

Durational Shortage Area Permit (DSAP) Advisor Approval Sheet

Candidate Name:		
DSAP Semester:	Student Teaching Semester:	
Program: Early Childhood Education	☐ Special Education	☐ Elementary Education
Do you work at Oakhill Yes No.	Do you have 20 month	s of work experience?
Application Type		
☐ DSAP without Student Teaching ☐ DSAP with Student Teaching		
Documents to be submitted		
Advisor Approval Sheet ED 177 (all pages with district approval) Unofficial Transcript Resume Intent statement indicating why background makes candidates eligible for the DSAP Updated Planned Program Student Teaching Application (if applicable - please follow department due dates) A copy of the State approved DSAP prior to the start of student teaching (if applicable) Letter from the District confirming that they will be able to assign a TEAM trained mentor when the candidate is ready to student teach (DSAP without immediate student teaching) or Name and contact information of TEAM Trained mentor who will serve as the cooperating teacher (DSAP with immediate student teaching) Oakhill Students must include proof of employment (Only for Oakhill Students)		
Decision		
☐ Application Approved – Send to Certification Officer (enhpdean@hartford.edu) ☐ Application Not Approved – Send to Student for updated application.		
Advisor Signature:		Date:

Advisor Name: _____