**EDUCATOR PREPARATION PROGRAM DESCRIPTION FORM**

If you have participated in an educator preparation program, whether traditional or alternative, please describe it here. Be prepared to upload into the ELO system this form and the appropriate documentation verifying your participation in the program described. You may complete more than one form if you have participated in more than one educator preparation program.

**Program name and address:**

**Name, title, phone number, and email address of program contact person:**

**Describe the nature of the program (e.g., university course of study, alternative educator preparation, state agency training certificate, performance-based equivalency program, etc.):**

**Describe the courses/workshops in the program:**

**Describe the clinical experience required of the program:**

**Describe how you were assessed in the program and any standardized test scores you received:**

**Identify any state teaching license that you received and what it allowed you to teach. Identify the state:**

**Identify the documentation you will upload along with this form into the ELO system to verify your participation:** *Check all that apply*.

Transcript from this program

Documentation of training from this program

Original score report from a test completed through this program

Copy of a state license received upon completing this program

Other *Specify:*