ALTERNATIVE TEACHER CERTIFICATION PROGRAM (ATCP) APPLICATION SURVEY

No information provided on the survey will influence your admission into the alternative certification program.

Plan to enroll: Summer I 20_____

Please select all areas you are interested in teaching.O Elementary ED: Inclusive Grades 1-5O Secondary ED: Inclusive Grades 6-12

Did you attend an information session? O Yes O No

If yes, how helpful was the session in terms of providing information about the program? O Very helpful O Helpful O A little helpful O Not at all helpful

If yes, how helpful was the session in terms of encouraging you to apply?

O Very helpful O Helpful O A little helpful O Not at all helpful

How did you first hear about the GSU Alternative certification program? Please select the category and source. If you check "Other" for category or source, please elaborate in the space provided.

Category	Source
General/Internet	O ATCP Website O GSU Website O Search Engine O Other
Newspaper/ Magazine Story	O Ruston Leader O News Star O Other
Television News Story	O KNOE O KARD O KTVE O KAQY O Other
Radio Ad/ Story	O KGRM
Flyer/Brochure	Where did you see it?
Referral	O Friend/FamilyO Current alternative certification teacherO School District PersonnelO Teacher/PersonalO GSU faculty or staffO Other
E-mail	0 Mass email 0 Organization email 0 Other
Mail	O Organization Newsletter O GSU alumni mailing O Information packet
Presentation at meeting	What organization? (please specify name and location)
Other	Source:

Rev. 7/2012