**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 1-5 O 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.

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| --- | --- |
| **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/Family O Current alternative certification teacher  O School District Personnel O Teacher/Personal  O GSU faculty or staff O Other |
| E-mail | O Mass email O Organization email  O 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