

APPEAL PROCESS FOR TEST OR ACADEMIC PROFICIENT (TAP)
MED STUDENTS:
ELEMENTARY EDUCATION
SCHOOL TECHNOLOGY
SECONDARY EDUCATION
SPECIAL EDUCATION

1. Applicants who have taken but have passed **one subtest of the TAP** would be subject to the registration block at the end of the first semester. Such applicants would not be permitted to register for courses and may request a leave of absence while continuing to prepare for passing scores on future test dates.
2. Applicants who have taken but not yet passed the TAP can continue to take courses in the second semester of their enrollment in the above programs **if they have passed at least two subtests of the TAP**. The registration block that was formerly imposed at the end of the first semester will be in effect at the end of the second semester and for as long as the test scores are not at the passing level.
3. Candidates who are granted the second semester conditional admittance **MUST** have an action plan that outlines what they plan to do to prepare to pass the TAP. This course of action may include activities such as completing workshops and study halls as identified by the individual programs, taking remedial courses, getting tutoring, completing test preparation materials, and/or other activities deemed appropriate by faculty.
4. Copies of the Action Plan must be filed with the Program Director.
5. **Candidates who have not passed all of the subtests of the TAP at the end of this conditional second semester would not be allowed to enroll in additional courses. The candidate may request a leave of absence while continuing to work on the action plan that will allow successful passing scores on future test dates.**
6. Candidates who have an approved leave of absence may appeal to be reinstated after obtaining passing test scores. The appeal would be reviewed by the Program Director and the Associate Dean of the School of Education.

Education Students: Please read the following and ask any questions you may have. Check off each item indicating your understanding of it, and sign the bottom of this page before agreeing to Conditional Acceptance to a program leading to certification in education.

If I am accepted conditionally into a program leading to certification because I have not passed the TAP, I understand that...

___The TAP is a state-mandated assessment of my competency in reading, language arts, math, and writing. I am *required* to pass *all subtests* in order to be fully admitted to candidacy.

___If I pass a subtest but not others, I only have to take the subtests I did not pass in subsequent test-taking sessions, even though I must register for the whole test. However, I understand that the Illinois State Board of Education allows only five attempts to pass the test.

___I must sign and meet the conditions of an action plan aimed at improving my chances of passing the TAP.

___I have one semester to pass the TAP as a conditionally accepted student, with a one-semester extension **ONLY** if I meet the conditions of my Action Plan and only if my program approves the extension.

___If I sign the Action Plan (attached) that is created for me, I am agreeing to undergo all of the activities described in it within the time frame that is specified. My failure to do so will mean that I cannot be granted another semester of extension if I do not pass the TAP, and I will be counseled out of the program.

___**During the conditional period of one semester that I have been given to pass the TAP, I can register for classes. If I do not pass the TAP after the extension semester, I will be counseled out of the program.**

___If I take the TAP five (5) times and do not pass it, the State of Illinois will not give me another chance to take the test, and I will not be able to be certified as a teacher in the state of Illinois.

I acknowledge that I have read and understood the information in this document.

Name

LUC ID

Date

Action Plan for TAP Preparation

This form is used to specify the action plan for candidates who have been conditionally accepted into certification coursework but who have not yet passed the TAP. Once completed, the form will be filed with program director for the initial teacher preparation programs; a copy will be given to the teacher candidate.

Student Name _____ Date _____
LUC ID Number _____

Graduate Program:

_____ *M.Ed. Special Ed* _____ *Secondary Ed* _____ *M.Ed. Elem Ed*
_____ *M.Ed. School Technology*

Basic Skills subtest scores:

Language Arts score _____ Reading score _____
Math score _____ Writing score _____ No. Attempts to date _____

Action Plan starting date _____ (Month, Day, Year)

Action Plan ending date _____ (Month, Day, Year)

Actions required:

Schedule for Completion of Actions:

Date when candidate will take the TAP _____
