



Deaf and Hard of Hearing Teacher Education Program: Application Letter For 2017/2018 Faculty of Education, York University

York University, 4700 Keele St., DHH Teacher Education Program, 108 Winters College, Toronto, ON M3J 1P3
Telephone: (416) 736-5971 ~ Fax: (416) 736-5146 ~ TTY: (416) 736-5972

Application Deadline: March 15, 2017 *incomplete applications will not be processed*

Application Letter

Dear Applicant,

Thank you for expressing interest in York University's Deaf and Hard of Hearing Teacher Education Program. We are proud to be able to offer this program and we are pleased that you are considering joining us.

Since changes to admission policies can occur from year to year, we advise that applicants read the information package related to the upcoming academic year and not refer to admission information from previous years. Admission information for the current year may be subject to change. Prospective students should check the website <http://edu.yorku.ca/academic-programs/deaf-hard-of-hearing-education/how-to-apply/> for the most up-to-date information.

Admission Requirements:

Admission Requirements include the following:

1. Membership in good standing with the [Ontario College of Teachers](#) (OCT) with no limitations and/or restrictions, which must be maintained throughout the program.
2. B.Ed. with a minimum grade-point average of B in both academic and practicum courses.
3. Documentation of two successfully-completed American Sign Language (ASL) courses.

Practicum Requirements in the Program:

All Teacher Candidates must complete 400 hours of practicum (320 hours of direct teaching and 80 hours of observation). Part-time Teacher Candidates will complete their practicum placements in the third year of the program. Teacher Candidates may be asked to travel and will be responsible for all expenses incurred during practicum placements. If currently employed, it is strongly recommended that Teacher Candidates discuss the practicum requirements with their school boards and school administrators at the time of applying to the program.

Successful applicants will be required to provide a current, original Criminal Record Check that includes a Vulnerable Sector Screening to the Deaf and Hard of Hearing Teacher Education Program office, as required by Provincial Law. **Do not include this documentation with your application package.**

Diploma and Recommendations:

Upon successful completion of the program, candidates will receive a York University post-baccalaureate diploma. Candidates are then recommended for certification as Teachers of the Deaf and Hard of Hearing, Oral/Aural Communication or ASL to the Ontario College of Teachers (OCT).

Selection Criteria:

Admission to the Deaf and Hard of Hearing Teacher Education Program is a competitive process for a very limited number of spaces. **Fulfillment of minimum requirements will not guarantee admission.** The strength of one applicant's file is relative to the rest of the applicant pool for that given year.

Candidates will be selected on the basis of their:

- Teaching experience in elementary and/or secondary school classrooms
- Experience with deaf or hard of hearing students
- Academic background
- Credentials, related additional qualifications and professional development activities
- Volunteer experience

All applications are reviewed by the Admissions Committee. Only applicants who are short-listed will be contacted for a telephone or Skype interview. Admission decisions will be made by mid-to-late April and communicated by early May. **Contact with applicants will be made using email throughout the process as appropriate.**

All applicants will receive an email with the final decision of the Admissions Committee by early May. This information will be communicated using the email address provided on the application.

Tuition:

Tuition for this program is subsidized by the Ontario government for those Ontario residents who qualify. Teacher Candidates will be required to pay material fees for some courses and to purchase textbooks and/or other personal learning materials; these materials are not subsidized.

Additional expenses may include but are not limited to textbooks and supplementary course materials.

Things to Remember:

Completed applications, all supporting documentation and a \$60.00 non-refundable application fee (payable online at <https://dhh-applicationfee-fw2017.eventbrite.ca>) are due no later than March 15, 2017 at 11:00 p.m. We are unable to process incomplete applications or applications that do not have the accompanying \$60.00 fee.

Important Payment Information: If you experience technical difficulties with the online payment system, please contact the DHH Program Office no later than March 16, 2017. Office hours are Monday to Friday - 8:00 a.m. to 4:00 p.m. Please **DO NOT** send payment in the form of Personal Cheque, Money Order, Certified Cheque or Cash.

Please refer to the "Documents Required to Support Your Application" page within this package to ensure a complete application is submitted and for instructions on how to submit these documents to the Deaf and Hard of Hearing Program.

We thank you for your interest in the Deaf and Hard of Hearing Teacher Education Program at York University!



Deaf and Hard of Hearing Teacher Education Program: Documents Required to Support your Application Form and How to Submit Your Application

Faculty of Education, York University

York University, 4700 Keele St., DHH Teacher Education Program, 108 Winters College, Toronto, ON M3J 1P3
Telephone: (416) 736-5971 ~ Fax: (416) 736-5146 ~ TTY: (416) 736-5972

Application Deadline: March 15, 2017

Documents Required To Support Your Application and How To Submit Your Application

Please check to make sure that you submit the proper and complete documentation. Once you submit your application package and supporting documentation the DHH program office is not able to make any changes on your behalf.

1. Completed Application Form: Please be sure all applicable fields are completed. Incomplete applications will not be processed. Applicants *must* choose either the full-time program or the part-time program; you cannot apply to both or leave the field blank.

2. Ontario College of Teachers (OCT) Certification: Applicants are required to provide documentation indicating that they are a member in good standing with no limitations or restrictions with the Ontario College of Teachers (OCT) by providing the six-digit registration number. This membership must remain paid and in good standing throughout the program.

If you are a new graduate and are waiting for your documentation from the Ontario College of Teachers, please provide us with the 6-digit registration number provided by the OCT at the time of registration.

3. Verification of Residency Documentation: Applicants are required to provide a copy of legal documentation (e.g. driver's license) verifying their current address.

4. Resume/CV: Applicants are required to provide a current resume.

5. Personal Statements: Please refer to the "Personal Statement" information page, which is included as part of the application package. Please also keep a copy for future reference. All submitted documents become the property of the University and will not be released to applicants.

6. References: Applicants are required to submit three professional/academic references. Please refer to the "Reference Form" included as part of the application package. **The Reference Form page must be submitted in the envelope with the reference letter.**

References are to be submitted as part of the application package. Original Reference letters MUST be submitted in a sealed envelope with the signature of the referee over the seal.

7. Official Transcripts: Official transcripts of undergraduate and B.Ed. degrees and any other degrees must be forwarded directly to the Deaf and Hard of Hearing Teacher Education Program, Faculty of Education, from each post-secondary institution attended. Applicants currently enrolled in an undergraduate B.Ed. program may submit transcripts of work completed to date. Offers of admission will be conditional upon successful completion of the degree and confirmation of good standing with the Ontario College of Teacher.

If you are a graduate of York University, do not request a copy of your York transcripts. Please provide us with your York University Student number so that we are able to access your transcript directly.

8. American Sign Language (ASL) Documentation: Submit documentation of successful completion of two ASL courses. This information can be provided in the form of a transcript, or a letter/certificate of completion from the institution, printed on letterhead.

If you are in the process of completing your ASL courses, please provide us with the name of the institution where you are enrolled, along with the course start date and end date, and proof of your current registration (e.g., receipt, letter of verification). Any offers will be made conditionally and require proof of successful completion before the start of the program.

** Do not send us documentation containing your personal banking information such as credit card numbers. If this information is visible on your receipts, please use a black permanent marker to remove it.*

9. Practicum Reports or Equivalent Documentation:

Certified Teachers: Provide a copy of your most recent teaching evaluation. If you are a newly-hired teacher and have not yet been evaluated, please provide copies of your practicum evaluation reports from your practice teaching placements.

Student Teachers: If you are currently enrolled in a Faculty of Education, please provide copies of your practicum evaluation reports from two school settings.

Note: If your second evaluation is not available at the time of submitting your application, please submit your first evaluation and then submit the second evaluation once you receive it. It is the applicant's responsibility to ensure that the Deaf and Hard of Hearing Program Office receives all documentation.

10. Application Fee: A non-refundable application fee of \$60.00 is payable online at the following link: <https://dhh-applicationfee-fw2017.eventbrite.ca> and **must be received by the application deadline of March 15, 2017.**

Important Payment Information: If you experience technical difficulties with the online payment system, please contact the Deaf and Hard of Hearing Program Office at 416-736-5971 no later than March 16th, 2017. Please **DO NOT** send payment in the form of Personal Cheque, Money Order, Certified Cheque or Cash.

Office hours are Monday to Friday - 8:00 a.m. to 4:00 p.m.

Contact Phone Number: 416-736-5971

Contact e-mail: deafed@edu.yorku.ca

11. How to submit your application and documentation: Download the Application Package and complete all forms. Save the document using the applicant's first and last name - Full-time or Part-time (e.g., John Smith - Part-time). Email the entire package along with the documents from Part 1 listed below to: DHHAdmissions@edu.yorku.ca

Part 1: The following documents *(A-G listed below) are required to be submitted via **e-mail** to: DHHAdmissions@edu.yorku.ca.

* When you scan your documents, please name each PDF file clearly to indicate what it is (e.g., ASL 101 Documentation, ASL 102 Documentation, OCT Certification, Resume) attachments that are not labelled appropriately will not be accepted.

- A. Completed Application Form
- B. Ontario College of Teachers Certification
- C. Verification of Residency Documentation
- D. Resume
- E. Personal Statement
- F. American Sign Language Documentation (e.g., transcript, letter of completion, receipt or proof of enrollment)
- G. Practicum Reports or Equivalent Documentation

Part 2: The following **Original documents** (H-I listed below) are required to be **mailed or sent by courier** to:

York University, 4700 Keele Street, Deaf and Hard of Hearing Teacher Education Program, 108 Winters College, Toronto, Ontario M3J 1P3

H. Reference Letters and Forms. For your convenience, the Reference form can be downloaded as a separate document to be completed and emailed to each of your referees. You can find the Reference form on our website at:

<http://edu.yorku.ca/academic-programs/deaf-hard-of-hearing-education/how-to-apply/>

I. Official Transcripts - to be mailed directly to the Deaf and Hard of Hearing Program office at York University from each institution.

Note: If you would like a confirmation that these documents have been received, please use a tracked courier service. Individual confirmations will not be sent out.



**Deaf and Hard of Hearing Teacher Education Program:
Application Form 2017/2018**
Faculty of Education, York University

York University, 4700 Keele St., DHH Teacher Education Program, 108 Winters College, Toronto, ON M3J 1P3
Telephone: (416) 736-5971 ~ Fax: (416) 736-5146 ~ TTY: (416) 736-5972

Application Deadline: *March 15, 2017* incomplete applications will not be processed

Applying to: (Choose one)

Ontario College of Teachers Registration Number (6-digits)

York University Student Number
(if applicable)

If you are in the process of completing your Bachelor of Education Degree, please indicate university name and expected graduation date

Title

Legal First Name

Legal Middle Name

Legal Surname (Family Name)

Former Surname (Maiden Name) (if applicable)

Mailing Address (Apt. #, House #, Street Name)

City/Town

Province

Postal Code

** You must provide at least one current phone number. **

Home Phone Number

Mobile Phone Number

E-mail Address (will be used to contact you throughout the application process)

Date of Birth (dd/mm/yyyy)

Language of Correspondence

Country of Citizenship

If you are not a Canadian Citizen, indicate the date you entered Canada

Current Status in Canada

Citizen

Permanent Resident (Landed Immigrant)

Student Visa

Other

Post-Secondary Institutions Attended - Include Teacher Education Program

Name of Institution

Name of Program

Degree (example: B.Ed.)

Date Program Started

Date Program Completed

Name of Institution

Name of Program

Degree (example: B.Ed.)

Date Program Started

Date Program Ended

Name of Institution

Name of Program

Degree (example: B.Ed.)

Date Program Started

Date Program Ended

Name of Institution

Name of Program

Degree (example: B.Ed.)

Date Program Started

Date Program Ended

American Sign Language (ASL) Course Documentation

If you have recently enrolled in the ASL course and will not complete the course by the application due date of March 15, 2017, please provide a copy of your receipt from the institution/organization as proof of your enrollment. It is your responsibility to ensure that once you have successfully completed the ASL Course to provide the final documentation to the DHH Program office.

In order to protect your privacy and information, please remove all banking and credit card information from your receipt BEFORE sending it to the DHH Program office.

Name of Institution/Organization

Name of Course/Program (e.g., ASL 101)

Course Start Date (Month/Day/Year)

Course End Date (Month/Day/Year)

Have you successfully completed this course?

Please indicate the type of documentation you have submitted to show successful completion of the course

I have recently enrolled in this ASL course and have provided a copy of my receipt as proof of my enrollment.

Name of Institution/Organization

Name of Course/Program (e.g., ASL 101)

Course Start Date (Month/Day/Year)

Course End Date (Month/Day/Year)

Have you successfully completed this course?

Please indicate the type of documentation you have submitted to show successful completion of the course

I have recently enrolled in this ASL course and have provided a copy of my receipt as proof of my enrollment.

education



Are you currently enrolled in or have you applied to another Faculty at York University? If yes, please specify.

Declaration & Consent

I have read and agree to the following:

1. I certify that the information I have provided in this application is true, complete and accurate in all respects, including my declarations as to citizenship and immigration status in Canada, institutions attended and that all available information requested in this application has been disclosed.
2. All information I have provided in connection with this application is subject to verification and audit by York University.
3. I understand that I must provide legal documentation to verify residency from my current Province (e.g., Drivers License).
4. I understand that I must be a current member of the Ontario College of Teachers with no limitations or restrictions throughout the duration of the program.
5. I shall provide supporting documentation to York University to verify my eligibility upon request.
6. I understand that I must hold a clear criminal record check with vulnerable sector screening for the duration of the program in order to participate.
7. I consent to the disclosure by York University of personal information I have given in this application as follows:
 - a. To referees I have named and to other educational institutions when necessary to verify my statements.
8. I understand that any misrepresentation on this application or failure to provide my consent to authorize York University to verify my information on this application may result in cancellation of my admission or enrolment status.
9. I understand that it is my responsibility to ensure a complete application package and all supporting documents are submitted to the Deaf and Hard of Hearing Program prior to the application deadline.
10. I understand that the application fee of \$60.00 must be successfully made prior to the application deadline in order for my application to be considered for the Deaf and Hard of Hearing Teacher Education Program.
<https://dhh-applicationfee-fw2017.eventbrite.ca>

I agree to the terms of the declaration and consent

Date:

Please refer to "Documents Required to Support Your Application" to ensure a complete application is submitted and for instructions on how to submit these documents to the Deaf and Hard of Hearing Program.

Protection of Privacy

York University gathers and maintains information for the purposes of admission, registration and other fundamental activities related to being a member of the University community and to attending a public post-secondary institution in the Province of Ontario. When signing an application for admission, you should know that the information you provide, and any other information placed into your student record, will be protected and used in compliance with Ontario's Freedom of Information and Protection of Privacy Act. The information on this form is collected under the authority of The York University Act, 1965 and is needed for educational, administrative and statistical purposes and to process your application for admission. The information will be used to verify qualifications and decide your eligibility for admission. Upon admission and registration, this information will form part of your student record and will be used to document your progress in an academic program.

If you have any questions about the collection, use and disclosure of your personal information by York University, please contact the Manager, Information Service, Bennett Centre for Student Services, 99 Ian MacDonald Blvd., York University, 4700 Keele Street, Toronto, Ontario, Canada M3J 1P3, 416-736-5000. yorku.ca/ipo



**Deaf and Hard of Hearing Teacher Education Program:
Personal Statement - Application Package for 2017/2018**
Faculty of Education, York University

York University, 4700 Keele St., DHH Teacher Education Program, 108 Winters College, Toronto, ON M3J 1P3
Telephone: (416) 736-5971 ~ Fax: (416) 736-5146 ~ TTY: (416) 736-5972

Application Deadline: **March 15, 2017 *incomplete applications will not be processed***

PERSONAL STATEMENT

Applying to: (Choose one)	York University Student Number (If applicable)	Ontario College of Teachers Registration Number (6-digits)
Title	York University Student Number (if applicable)	
Legal First Name	Legal Middle Name	
Legal Surname (Family Name)	Former Surname (Maiden Name)	

Please respond to the following four questions on the next page. Please limit each answer to **250-300 words**. Response to each question should not exceed the space provided.

1. Why do you wish to be a teacher of students who are deaf or hard of hearing?
 2. Please describe any experience you have had with individuals who are deaf or hard of hearing (in your teaching career or personal life) and what you learned from these interactions.
 3. What would you identify as an important challenge or issue facing students who are deaf or hard of hearing in schools?
 4. What additional competencies, interests, achievements, research, or personal information would you like the admissions committee to consider?
-

Declaration,

I hereby certify that all statements I have made regarding this Personal Statement are correct and complete and that I have written them independently. I understand that any misrepresentation in this information may result in the cancellation of my application, admission or registration status.

I Agree to the Declaration

Date: (mm/dd/yyyy)

1. Why do you wish to be a teacher of students who are deaf or hard of hearing?

2. Please describe any experience you have had with individuals who are deaf or hard of hearing (in your teaching career or personal life) and what you learned from these interactions.

3. What would you identify as an important challenge or issue facing students who are deaf or hard of hearing in schools?

4. What additional competencies, interests, achievements, research, or personal information would you like the admissions committee to consider?



**Deaf and Hard of Hearing Teacher Education Program:
Reference Form - Application Package for 2017/2018
Faculty of Education, York University**

York University, 4700 Keele St., DHH Teacher Education Program, 108 Winters College, Toronto, ON M3J 1P3
Telephone: (416) 736-5971 ~ Fax: (416) 736-5146 ~ TTY: (416) 736-5972
Application Deadline: March 15, 2017 incomplete applications will not be processed

Part 1: To be completed by the Applicant - Please ensure that you complete Part 1 before sending to your referees.

York University Student Number (If applicable)

Ontario College of Teachers Registration Number (6-digits)

Legal First Name

Legal Surname (Family Name)

Part 2: To be completed by the Referee

Please write a letter of reference, on official letterhead paper, which elaborates on the categories below, and attach this form to the letter. Please put this form and your reference letter in a sealed envelope and sign the closure before returning it to the applicant. Applicants must include SEALED references in their application package.

Please enter the number of year(s) and/or months you have known this applicant

Please enter the position the applicant held when you knew them (e.g., student, teacher, aide)

Please enter your relationship with the Applicant (e.g., direct supervisor, colleague)

Responses are confidential and for the use of the admissions committee only. They will not be shared with the applicant during or after the admission process.

	Excellent	Very Good	Good	Average	Below Average	Inadequate opportunity to observe
Ability to express herself/himself in face-to-face communication						
Ability to express herself/himself in writing						
Level of intellectual curiosity						
Receptiveness to new ideas						
Ability to work collaboratively with diverse groups of people						
Imagination and creativity						
Sense of responsibility						

First and Last Name of Referee

Position

Name of Institution

Signature of Referee

Date