

Complete this worksheet to help you evaluate your level of preparation for taking the Georgia Assessments for the Certification of Educators® (GACE®).

## ACADEMIC BACKGROUND

Date:	What is your current academic status? <input type="radio"/> Some high school <input type="radio"/> Received high school diploma or equivalent <input type="radio"/> Received associate degree <input type="radio"/> Freshman <input type="radio"/> Sophomore <input type="radio"/> Junior <input type="radio"/> Senior <input type="radio"/> Received bachelor's degree <input type="radio"/> Received master's degree <input type="radio"/> Received specialist's degree <input type="radio"/> Received doctorate
Name:	
Advisor name:	
Major field of study:	
Minor field of study:	
Certification being sought:	
Select the option that best describes your reason for testing: <input type="radio"/> I am seeking admission into an educator preparation program. <input type="radio"/> I am enrolled in or a graduate of an educator preparation program and am seeking Georgia certification. <input type="radio"/> I hold a professional educator certificate and am adding an additional teaching field, endorsement, or Academic Content Concentration. <input type="radio"/> I am enrolled in or seeking admission into the Georgia TAPP preparation program. <input type="radio"/> I am seeking the Test-Based option for Georgia certification. <input type="radio"/> I am seeking paraprofessional certification. <input type="radio"/> I am seeking a nonrenewable certificate. <input type="radio"/> I hold an educator certificate in another state and am seeking an educator certificate in Georgia. <input type="radio"/> Other	

## CERTIFICATION TESTING REQUIREMENTS

List the certification tests that you are required to pass for the educator certification you are seeking.

Assessment Name	Test Code	Have you taken this test?	Passing Status
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Pass <input type="radio"/> Did not pass
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Pass <input type="radio"/> Did not pass
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Pass <input type="radio"/> Did not pass
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Pass <input type="radio"/> Did not pass
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Pass <input type="radio"/> Did not pass
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Pass <input type="radio"/> Did not pass
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Pass <input type="radio"/> Did not pass

## TESTING HISTORY

For certification tests you have taken but did not pass, please attach copies of your individual score reports.

## TEST PREPARATION QUESTIONS

List the GACE assessment that you are preparing to take and when you plan to take it.

Assessment Name/Test Code(s)	Date	Have you taken this assessment before?
		<input type="radio"/> Yes <input type="radio"/> No

Provide the following information about your preparation to date.

Have you obtained and reviewed the test objectives for this assessment?	<input type="radio"/> Yes	<input type="radio"/> No
Have you completed the worksheet for mapping the test framework to the courses you have taken for this assessment?	<input type="radio"/> Yes	<input type="radio"/> No
Have you completed all or most of the teacher preparation course work in which the content of this assessment is taught?	<input type="radio"/> Yes	<input type="radio"/> No
Have you obtained and reviewed the preparation guide for this assessment?	<input type="radio"/> Yes	<input type="radio"/> No
Have you practiced answering the sample questions in the preparation guide?	<input type="radio"/> Yes	<input type="radio"/> No
If you identified any objectives that represent areas of weakness for you, have you gathered and reviewed additional study materials for these objectives?	<input type="radio"/> Yes	<input type="radio"/> No

## RECOMMENDATIONS FOR TEST PREPARATION

Use the form below to list recommended activities and materials to help you prepare to take the GACE.



Review your responses to the questions above. If you checked "no" in response to any question, you or your advisor may be able to identify additional activities to help you prepare to take this test.



Review your testing history. Based on your performance in the content areas of the test, you or your advisor may identify specific areas on which you may want to focus extra attention.

<i>Additional course work recommended:</i>
<i>Additional study materials:</i>
<i>Other recommended preparation activities:</i>