

**SPRINGFIELD COLLEGE GRADUATE LEVEL INITIAL LICENSURE PROGRAM  
SUBJECT MATTER KNOWLEDGE TRANSCRIPT REVIEW  
BIOLOGY**

\_\_\_\_\_  
Candidate's Name

\_\_\_\_\_  
Undergraduate Institution

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Graduation

\_\_\_\_\_  
Undergraduate Major

\_\_\_\_\_  
G.P.A.

This form is to be used when reviewing candidates' transcripts who are seeking entrance into the Graduate Level Initial Teaching Licensure Program. The transcript review process allows Springfield College faculty the opportunity to determine whether the student meets the Massachusetts Department of Education subject matter knowledge requirements.

**Note:** Students must pass all required MTEL tests to be eligible to do a practicum.

**THE EFFECTIVE TEACHER OF BIOLOGY DEMONSTRATES KNOWLEDGE OF:**

| Subject Matter Knowledge  | Documented Courses, Work Experience or Tests | Still needed |
|---|--|--------------|
| <b>Childhood &amp; Adolescent Development</b>   |  |              |
| <b>Biology of organisms, especially that of humans</b> , including characteristics and classifications of organisms |  |              |
| <b>Cells and cell theory</b>  |  |              |
| <b>Ecology and evolutionary biology</b>   |  |              |
| <b>Matter and energy in ecosystems</b>  |  |              |
| <b>Genetics</b> , including chromosome structure and function and inheritance                                       |  |              |
| <b>Molecular biology</b>  |  |              |
| <b>Related aspects of chemistry, physics, earth science, and mathematics</b> , such as statistics                   |  |              |
| <b>Engineering and technical applications of biology</b>  |  |              |
| <b>History and philosophy of science</b>  |  |              |
| <b>Methods of research in the sciences</b> , including laboratory techniques and the use of computers               |  |              |

Comments:

\_\_\_\_\_  
Education Department Advisor

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Arts and Sciences Faculty Reviewer (if necessary)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Director, Educator Preparation & Licensure

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

White – Advisor

Yellow – Educator Preparation

Pink – Student  
2/27/09