California State University Chico
School of Education

Post-Credential Bilingual Authorization

Application and Instructions

The following items are required for completion of your application:

1. Complete an application for admittance to CSU, Chico

- If you are new to CSU, Chico or have been out of school for one semester or more, you must apply to the University. Apply online at https://www2.calstate.edu/apply. Your *Major/Program Objective* will be "Conditionally Classified Credential." Graduate Studies will require **official** transcripts from **all** colleges/universities previously attended. There is a $70.00 application fee for applying to Graduate Studies.

2. Complete the following application for admittance to the Post-Credential Bilingual Authorization program.

- The following pages, which include the credential program application and signed MOU.
- Official copies of your transcripts from all institutions previously attended. Transcripts are required for evaluation of previous coursework. (if you attended Chico State Credential Program we have this on file).
- There is a $75.00 application processing fee required by the School of Education. Click this link to pay your fee https://commerce.cashnet.com/csuchicosoe (submit a receipt with your application).
- A copy of your Subject Matter Competency (if you attended Chico State Credential Program we have this on file).

Your pursued language will determine your coursework to add the bilingual authorization.

Please complete this paperwork and return at your earliest convenience to credentials@csuchico.edu. If you have any questions, please email credentials@csuchico.edu.

APPLICATION for the POST-CREDENTIAL BILINGUAL AUTHORIZATION

School of Education (SOE)

PERSONAL INFORMATION

LAST NAME _____ FIRST NAME _____ STUDENT ID NUMBER _____

ADDRESS _____ STREET _____ CITY _____ STATE _____ ZIP _____

PHONE _____ E-MAIL ADDRESS _____

EMPLOYMENT INFORMATION

SCHOOL DISTRICT OR COUNTY _____ ADMINISTRATOR _____ TITLE _____

DISTRICT/CO. STREET ADDRESS OR PO BOX _____ CITY _____ STATE _____ ZIP _____

SCHOOL SITE NAME _____ DIRECT SUPERVISOR _____ SCHOOL PHONE _____

SCHOOL STREET ADDRESS OR PO BOX _____ CITY _____ STATE _____ ZIP _____

Please provide detailed printouts from the CTC website of all credentials and certificates you currently hold.

Credential(s) held: Preliminary Clear

□ Multiple Subject

□ Single Subject: (please list subject matter below)

_____

□ Education Specialist Mild/Moderate Support Needs

□ Education Specialist Extensive Support Needs

Colleges/Universities previously attended:

_____ ☐ Unofficial transcript enclosed

_____ ☐ Unofficial transcript enclosed

_____ ☐ Unofficial transcript enclosed

_____ ☐ Unofficial transcript enclosed

Name:_____ Date:_____

POST- CREDENTIAL BILINGUAL AUTHORIZATION: Memorandum of Understanding (MOU)

As a participant in the CSU, Chico Post-Credential Bilingual Authorization pathway, I agree to the following conditions, expectations, and responsibilities:

1. I will pay fees and register on time for my courses.
2. I will follow the course advisement pattern and sequence and all advisement requirements. I will update any changes in contact information including mailing addresses, phone numbers, and email addresses through Student Records & Registration, https://www.csuchico.edu/sro/.
3. I understand that I am expected to maintain a 3.0 GPA each semester.
4. I will demonstrate the ability to write at a graduate level.
5. I acknowledge that no grade lower than a "C-" is acceptable towards credential courses. If a grade lower than C- is received, the University Policy for repeating courses with forgiveness must be followed**.** (Refer to the CSU, Chico University Catalog, Academic Policies, Graduate Repeat with Forgiveness and/or "A Guide to Graduate Studies" for details regarding this process.)
6. **Some courses will require access to emergent bi/multilingual students in a classroom setting to complete the assignments and demonstrate competencies. I understand that I will be expected to plan, instruct and assess emergent bi/multilingual students in both large and small group settings. I understand that it is my responsibility to make these arrangements in cooperation with my administrator(s) and course instructor(s).**
7. I will model successful professional communication/collaboration with pupils, administrators, university faculty, colleagues, and parents as needed to complete assignments.
8. I will contact the University Disability Support Services prior to the beginning of the coursework if I have a disability that requires accommodations in coursework and/or my field experience.
9. I understand that relevant professional information regarding my progress in the program may be shared between my uni ersity instructors and program coordinator if appropriate.
10. On-going evaluation of my progress will take place throughout the program. I understand that dismissal from the Post-Credential Bilingual Authorization may occur if there is evidence of unsatisfactory performance in one or more of the following areas at any time during the program: professional education coursework, field experience, completion of Commission on Teacher Credentialing competencies and ethical or professional conduct in general. Unsatisfactory performance will be determined by the Bilingual Education faculty and SOE staff in accordance with the School of Education Candidate Dismissal Policy. If dismissal from the coursework appears imminent, I will be notified and advised of appeal and grievance procedures.
11. I understand that many of the courses in the program may be partially or completely conducted in an online learning environment in both synchronous and asynchronous formats. By agreeing to participate in the program, I also agree to participate in the distance learning process, including

learning new skills if necessary, in order to meet the requirements and timelines set forth by the professors in any course that includes a distance learning component. I fully accept responsibility for gaining consistent access to the appropriate technology—including adequate and up-to-date computer software, hardware, and peripheral devices—as required by the professor. I also understand that I may contact Student Computing Services for assistance if I have software or hardware problems or have difficulty accessing any on-line course content, and that the professor is not the appropriate contact for technical difficulties that may occur in the distance learning process.

I understand that in order to earn my post-credential bilingual authorization, I must demonstrate competency in the minoritized language of emphasis.

_____ _____

Student's Signature Date

Classroom Setting with Bi/Multilingual Students Verification Form

Candidate Name: _____ School Name: _____

Email: _____ Administrator's Name: _____

Phone: _____ Email: _____

Phone: _____

Conditions of Experience

The candidate will develop and implement several assignments with bi/multilingual students. The candidate will assume full responsibility for student progress, including, but not limited to:

- Assessment
- Tracking student progress
- Planning for bi/multilingual learners
- Teaching in minoritized language
- Teaching in English
- Engaging with families of bi/multilingual learners

Please select an option for completing your observation hours:

_____ Option A: Access to appropriate students within the candidate's existing classroom assignment. The candidate will meet requirements by assuring access to emergent bi/multilingual students within the candidate's existing classroom setting. These students are identified according to the ELPAC.

_____ Option B: Access to appropriate students outside the candidate's existing classroom assignment. The candidate will meet requirements by assuring access to emergent bi/multilingual students outside of the candidate's existing classroom setting. These students are identified according to the ELPAC.

Proposed Classroom Setting

Teacher's name: School name:

Teacher's email: Teacher's phone:

Grade Level: School phone:

By signing you agree to the proposed arrangement for meeting the requirements outlined above:

Administrator Signature Date

Bilingual/General Education Teacher Signature **(Option B only)** Date

Candidate Signature Date