Dear APE Student,

Thank you for your interest in the Adapted Physical Education (APE) Authorization Summer Program at CSU, Chico.

Applicants pursuing the added APE authorization must hold a bachelors’ degree as well as a credential, such as a Single Subject credential in Physical Education, a Multiple Subjects credential, or a current Preliminary Education Specialist credential. Additional requirements may be required for individuals whose undergraduate work is NOT in physical education. Applicants must meet subject matter competency for physical education via a degree in PE, PE coursework, or the CSET for physical education.

Enclosed you will find the following items:

1. Application for the APE Authorization Summer Program.
2. Student Objectives and Responsibilities.

Please submit the Application directly to Dr. Rebecca Lytle. Please contact me if you have questions or to determine specific course requirements at (530) 898-4298.

Sincerely,

Rebecca K. Lytle, Ph.D.
Program Director
To apply for the APE Authorization Summer Program, submit a complete application package as soon as possible.

**Checklist for a Complete Application**

- Form A: Application for APE Authorization Summer Program
- Form B: Applicant Data Survey
- A typed letter of application (2 pages maximum) which addresses your career goals, including your experience working with individuals with disabilities.
- One official transcript of all college work
- Information for three references (Name, Job Title, Phone, Email Address)
- Two letters of recommendation, from two of the three references above

**Priority Deadline January 31st. Final Deadline May 1st.**

Deliver or mail complete APE Summer Program application materials to:

Rebecca Lytle, Ph.D.  
APE Program, Kinesiology Department  
CSU, Chico  
Chico, CA 95929-0330

Phone: (530) 898-4298  
Email: rlytle@csuchico.edu

Please keep this page for your records.
Application for APE Summer Program

Name ___________________________________________________________ Date ______________________

Street Address ____________________________________________________________________________________________

City ___________________________ State _______ Zip Code _________________

Home Phone ___________________ Work Phone _________________ Cell Phone _______________________

Date of Birth _____________________

Email address ____________________________________________________________________________________________

Employment

Place of Employment __________________________________________________________

Employment Address __________________________________________________________

Position ___________________________ Supervisor __________________________

Do you currently have a credential to teach in California? ☐ Yes ☐ No

If yes, name of credential(s): ______________________________________________________________

Do you currently have a credential to teach in another State? ☐ Yes ☐ No

If yes, which state and which credential(s): ______________________________________________________

Are you currently working as a teacher? ☐ Yes ☐ No

If yes, please describe): ________________________________________________________________

Are you bilingual? ☐ Yes ☐ No  If so, which language(s) ________________________________

Education

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<th>GPA</th>
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Form A
Applicant Data Survey

We consider all applicants without regard to race, color, religion, creed, gender, national origin, age, mental or physical disability, marital or veteran status, sexual orientation, or any other legally protected status. Completing this survey is strictly voluntary.

Your cooperation is appreciated.

Name __________________________ Telephone __________________________

Last | First | Middle

Address __________________________

Number, Street, Apt | City | State | Zip Code

Referral Source(s)

☐ Advertisement in (name) __________________________
☐ Conference __________________________

☐ Referred by (name) __________________________
☐ Other __________________________

☐ Web site __________________________

Equal Employment Opportunity Identification Groups

Date of Birth: ________________

Please check one: ☐ Male ☐ Female

(Month/Day/Year)

Please check one: ☐ Caucasian ☐ African ☐ Hispanic ☐ Asian/Pacific Islander

☐ American Indian/Alaskan Native ☐ Other __________________________

Please check if any of the following are applicable:

☐ Vietnam Era Veteran ☐ Veteran with a Disability
☐ Individual with a disability ☐ Re-entry student

________________________________________________________________________

Signature __________________________ Date __________________________

I understand that I'm providing this information voluntarily and it will be kept strictly confidential.

California State University, Chico
Chico, CA 95929-0330
Adapted Physical Education Program
Dr. Rebecca Lytle, Project Director

E-mail: rlytle@csuchico.edu
Phone: 530-898-4298

Form B
APE Authorization Summer Program

**Student Responsibilities**

1. Notify Dr. Rebecca Lytle, program director of the APE Program, of all changes in address. rlytle@csuchico.edu

2. Maintain satisfactory progress toward the degree.
   GPA requirements: GPA 3.0 in each course.

3. All students are expected to attend all classes, demonstrate model academic behavior, be independent thinkers and learners, and be punctual and professional in all interactions with parents, children, peers, and community programs.

4. Add candidates are expected to complete KINE 617 field experience at the completion of all other coursework. This course requires working with students teaching APE in a school setting. Student must complete a minimum of 5 hours per week for the duration of one semester to complete this class. Please discuss this requirement with the advisor if you have questions.