Dear APE Student,

Thank you for your interest in the Adapted Physical Education (APE) 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 added APE authorization for 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,

[Signature]
Rebecca K. Lytle, Ph.D.
Program Director

Adapted Physical Education Program
California State University, Chico
Dr. Rebecca Lytle, Program Director

E-mail: rlytle@csuchico.edu
Phone: 530-898-4298
To apply for the Summer APE Added Authorization Program, submit a complete application package as soon as possible.

**Checklist for a complete Summer Application**

___ Form A: Application for APE added 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 TIER 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 _____________

SSN ______________________ Date of Birth ______________________

Email address ________________________________________________________________

Employment

Place of Employment ____________________________________________________________

Employment Address ____________________________________________________________

Position ______________________________ Supervisor _____________________________

Course of study at CSU, Chico (check all that apply)

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

<table>
<thead>
<tr>
<th>College/University</th>
<th>Course of Study</th>
<th>Completed Units</th>
<th>GPA</th>
<th>Degree Earned</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

_____________________________    ______________________________
Signature                        Date

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
Adapted Physical Summer Program
Training in Interdisciplinary Education and Research

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.