

Education Specialist Add-On Credential 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 \$55.00 application fee for applying to Graduate Studies.

2. Complete the following application for admittance to the Education Specialist Add-On Credential Program

- The following pages, including the credential program application, signed MOU, and signed supervision verification form.
- Unofficial copies of your transcripts from all institutions previously attended. Transcripts are required for evaluation of previous coursework.
- There is a \$75.00 application processing fee required by the School of Education. Please submit a check or money order payable to CSU, Chico. You may also pay this fee by contacting Student Financial Services at (530) 898-5936 (submit a receipt with your application).
- A copy of your passing CBEST or CSET Writing Skills score report.
- A copy of your subject matter competence (score report for CSET, Praxis, NTE, or SMC waiver).
- Verification of Tuberculosis clearance (test must have been within the last three years).

Once your previous coursework has been evaluated, you will be sent a program plan detailing exactly which courses you will need to complete in order to earn your credential.

Please complete this paperwork and return at your earliest convenience. If you have any questions, please email ataylor50@csuchico.edu.

Return to: School of Education
CSU, Chico
400 West First Street
Chico, CA 95929-0222

**APPLICATION FOR EDUCATION SPECIALIST ADD-ON CREDENTIAL
MILD/MODERATE OR MODERATE/SEVERE DISABILITIES**

School of Education (SOE)

PERSONAL INFORMATION

<hr/> LAST NAME	<hr/> FIRST NAME	<hr/> STUDENT ID NUMBER		
<hr/> ADDRESS	<hr/> STREET	<hr/> CITY	<hr/> STATE	<hr/> ZIP
<hr/> PHONE	<hr/> PREFERRED E-MAIL ADDRESS			

EMPLOYMENT INFORMATION

<hr/> SCHOOL DISTRICT OR COUNTY	<hr/> ADMINISTRATOR	<hr/> TITLE		
<hr/> DISTRICT/CO. STREET ADDRESS OR PO BOX	<hr/> CITY	<hr/> STATE	<hr/> ZIP	
<hr/> SCHOOL SITE NAME	<hr/> DIRECT SUPERVISOR	<hr/> SCHOOL PHONE		
<hr/> SCHOOL STREET ADDRESS OR PO BOX	<hr/> CITY	<hr/> STATE	<hr/> ZIP	

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

Credential(s) held:

<input type="checkbox"/> Education Specialist Mild/Moderate <input type="checkbox"/> Learning Handicapped <input type="checkbox"/> Certificate(s): _____	<input type="checkbox"/> Education Specialist Moderate/Severe <input type="checkbox"/> Severely Handicapped <input type="checkbox"/> Other: _____
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Colleges/Universities previously attended:

<hr/>	<input type="checkbox"/> Unofficial transcript enclosed
<hr/>	<input type="checkbox"/> Unofficial transcript enclosed
<hr/>	<input type="checkbox"/> Unofficial transcript enclosed
<hr/>	<input type="checkbox"/> Unofficial transcript enclosed

Optional—used for demographic reporting purposes only:

Native English Speaker Yes No

Name: _____

Date: _____

EDUCATION SPECIALIST ADD-ON CREDENTIAL: Memorandum of Understanding (MOU)

As a participant in the CSU, Chico Education Specialist Add-on Program, 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 notify the School of Education Office (530-898-6421) of any changes in contact information including mailing addresses, phone numbers, and email addresses.
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 "B-" is acceptable towards credential courses. If a grade lower than B- 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 children with special needs in a classroom setting to complete the assignments and demonstrate competencies. I understand that I will be expected to instruct students with Mild/Moderate or Moderate/Severe disabilities 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 University Supervisor.**
7. I will model integrity as outlined in the CEC Code of Ethics (found on page 2 of this document).
8. I will model successful professional communication/collaboration with pupils, administrators, university faculty, colleagues, and parents as needed to complete assignments.
9. 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.
10. I understand that relevant professional information regarding my progress in the program may be shared between my University Supervisor, field experience site administrator, and Cooperating Teacher if appropriate.
11. On-going evaluation of my progress will take place throughout the program. I understand that dismissal from the Education Specialist Add-on Credential Program 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 Special Education faculty and 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.
12. 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 and as listed on the Student Computing web page of the CSU, Chico web site (<http://www.csuchico.edu/stcp/>). 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.

13. I understand that field supervision will include on-site supervision of service to pupils with Mild/Moderate or Moderate/Severe Disabilities and 2 observations of exemplary programs.

Student's Signature

Date

CEC Code of Ethics for Educators for Persons with Exceptionalities

We declare the following principles to be the Code of Ethics for educators of persons with exceptionalities. Members of the special education profession are responsible for upholding and advancing these principles. Members of the Council for Exceptional Children agree to judge and be judged by them in accordance with the spirit and provisions of this Code.

1. Special education professionals are committed to developing the highest educational and quality of life potential of individuals with exceptionalities.
2. Special education professionals promote and maintain a high level of competence and integrity in practicing their profession.
3. Special education professionals engage in professional activities which benefit individuals with exceptionalities, their families, other colleagues, students, or research subjects.
4. Special education professionals exercise objective professional judgment in the practice of their profession.
5. Special education professionals strive to advance their knowledge and skills regarding the education of individuals with exceptionalities.
6. Special education professionals work within the standards and policies of their profession.
7. Special education professionals seek to uphold and improve where necessary the laws, regulations, and policies governing the delivery of special education and related services and the practice of their profession.
8. Special education professionals do not condone or participate in unethical or illegal acts, nor violate professional standards adopted by the Delegate Assembly of CEC.

The Council for Exceptional Children, (1993). CEC Policy Manual, Section Three, part 2 (p. 4). Reston, VA: Author.

Originally adopted by the Delegate Assembly of The Council for Exceptional Children in April 1983.

SPED 514/515 Supervision Verification Form

Candidate Name: _____ School Name: _____

Email: _____ Administrator's Name: _____

Phone: _____ Email: _____

Phone: _____

Conditions of Supervision

The candidate will develop and implement four lesson plans for a minimum of four students. Students will complete the A-B-C-D lesson plan format for each scheduled observation. These lesson forms will be accessible via the course website. The candidate will assume full responsibility for student progress, including, but not limited to:

- Assessment
- Tracking student progress
- Teaching
- Writing and facilitating an IEP meeting

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 students with appropriate disabilities within the candidate's existing classroom setting. These students are identified accordingly on their IEP.

_____ **Option B: Access to appropriate students outside the candidate's existing classroom assignment.** The candidate will meet requirements by assuring access to students with appropriate disabilities outside of the candidate's existing classroom setting. These students are identified accordingly on their IEP.

Proposed Classroom Setting for Supervision

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

Special Education Classroom Teacher Signature **(Option B only)**

Date

Candidate Signature

Date