Propose a new specialty endorsement

Pre-proposal

# SUBMISSION GUIDANCE

Adding a specialty endorsement to the state system is a two-stage process including a pre-proposal and a proposal. This process ensures that there is an opportunity for the community to offer ideas for specialty endorsements, and a process for these ideas to be considered. [View resources and more information about this process](https://www.pesb.wa.gov/preparation-programs/approval/propose-a-new-specialty-endorsement/).

Through the pre-proposal, requesting organizations respond to educator, student, and community needs and provide the proposed essential learnings for the proposed specialty endorsement. If there are any questions on the form or process, email prajakta.deshmukh@k12.wa.us.

The additional information provided in *italics* and marked with a “consider” is clarifying information for the relevant prompts.

## There are four sections in this form.

1. Specialty endorsement information
2. Responding to educator, student, and community needs
3. Cultural competency and essential learnings
4. Signature and authorization

## Pre-proposal submission

* Cite all sources and provide a works cited list when appropriate.
* Email completed form to prajakta.deshmukh@k12.wa.us by the deadline of your requested board meeting. [Find deadlines here.](https://www.pesb.wa.gov/preparation-programs/approval/propose-a-new-specialty-endorsement/)

# I. SPECIALTY ENDORSEMENT INFORMATION

## Name of the specialty endorsement you seek to add to the state system:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Name of requesting organizations (must have at least two):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Requesting organization type

Check all that apply. Specify which requesting organization(s) in the space provided next to the checkbox.

[ ]  Nonprofit or not-for-profit organization:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  School district:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Tribal compact school:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Washington State approved private and charter schools:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Educational Service District:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Government agency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Accredited colleges and universities:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Washington State approved clock hour provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Washington State approved educator preparation program:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Primary contacts for each requesting organization

Add or remove columns as needed.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Contact information | Contact information | Contact information |
| Name | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Title | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Organization | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Address | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Telephone | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Email | Click here to enter text. | Click here to enter text. | Click here to enter text. |

If PESB staff become aware of any information or finding involving this program provider related to local, state, or federal policy that is relevant to preparation program standards, role standards, competencies or essential learnings, that information may be included in materials shared with the board. If you have information you believe may be relevant, provide as part of this proposal.

# II. RESPONDING TO EDUCATOR, STUDENT, AND COMMUNITY NEEDS

## In what ways will the proposed specialty endorsement address a unique need not addressed by existing [specialty endorsements or endorsements](https://www.pesb.wa.gov/preparation-programs/standards/endorsement-competencies/)?

In your response, provide evidence of educator, student, and community need. Evidence may include but not be limited to educator, student, and community member stories; survey results; focus groups; documented observations; collection of research; or quantitative data.

*Consider: how does the specialty endorsement address gaps in and reflect the pursuit of equity for each student and educator in Washington?*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## What is the intended benefit of the proposed specialty endorsement for P-12 students, schools, and educators?

*Consider: who is affected by, involved in, or has a specific interest in the proposed specialty endorsement?*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## In what ways did you collect and respond to input from educators, students, community members, and other experts towards proposing the specialty endorsement?

*Consider: what steps will you take to include impacted communities that have not historically been included in decision-making?*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# III. CULTURAL COMPETENCY AND ESSENTIAL LEARNINGS

## Attach

 [ ]  The essential learnings for the specialty endorsement. The essential learnings may be:

1. Existing essential learnings / competencies / standards from a community organization, professional association, or national organization;
2. Or, locally developed. If the essential learnings have not yet been developed, please describe the plan to locally develop prior to submitting the proposal.

## In what ways are the proposed specialty endorsement and essential learnings aligned and responsive to the [cultural competency standards](https://drive.google.com/file/d/1PYpIzDlaxPxrVaZALRzfXk8bH9agBlBp/view)? In what ways does the proposed specialty endorsement and essential learning incorporate anti-racist practices?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## In what ways will the proposed specialty endorsement increase educator capacity to positively impact student learning? Student learning may include academic, cultural, emotional, and / or social components of local P-12 students and schools.

*Consider: what unique knowledge and skills would the proposed specialty endorsement provide to an existing educator?*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# IV. SIGNATURE AND AUTHORIZATION

Please review and check for completion prior to submitting.

Sign and date below. Add signatures as needed.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of representative from requesting organization

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of representative from requesting organization

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date