**Professional Transitions to Public Schools   
Course proposal**

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| **Course information:** | |
| **Course provider organization name:** Click or tap here to enter text. | |
| **Course name:** Click or tap here to enter text. | |
| **Primary contact information for PESB proposal:** | |
| **Name:** Click or tap here to enter text. | **Telephone:** Click or tap here to enter text. |
| **Title:** Click or tap here to enter text. | **Email:** Click or tap here to enter text. |
| **Address:** Click or tap here to enter text. | |
| **Primary contact information for potential candidates:** *Note: if the course is approved, this contact information will appear on our PESB website.* | |
| **Name:** Click or tap here to enter text. | **Telephone:** Click or tap here to enter text. |
| **Title:** Click or tap here to enter text. | **Email:** Click or tap here to enter text. |
| **Address:** Click or tap here to enter text. | |
| **Check the appropriate box:** | |
| ☐ Approval ☐ Reapproval | |
| **Check the appropriate box:** | |
| ☐ I understand that my organization will need to apply for reapproval of this course per the schedule posted by PESB. | |
| **Course Details:** | |
| Projected enrollment for this upcoming year: Click or tap here to enter text. | Projected start date: Click or tap here to enter text. |
| Length of course: Click or tap here to enter text. | Cost for candidates: Click or tap here to enter text.: |
| **Training frequency:** | |
| How often is the course offered? (For example, is this course offered three times a year, or offered on demand?)  Click or tap here to enter text. | |
| **Which of the following applies to your organization?** (Check all that apply)  *Providers are not required to be one of the following types of organizations.* | |
| ☐Washington state clock hour provider  ☐ PESB approved preparation program | ☐Accredited college/university |
| **What structures do you have in place for registering candidates for your course, and providing candidates with documentation for completion of the course?** | |
| Click or tap here to enter text. | |
|  | |
| **Course information:** | |
| Is this course available to all applicants, or do applicants need to be enrolled in another specific degree or preparation program in order to take the course?  *(Note: This information will be made available on our website for prospective candidates.)*  Click or tap here to enter text. | |
| **Which of the following educational staff associate roles does the course serve? Check all that apply.** | |
| ☐ School occupational therapist  ☐ School physical therapist  ☐ School behavioral analyst | ☐ School nurse  ☐ School speech language pathologist/audiologist  ☐ School social worker |
| **Describe the course delivery and design in one or two paragraphs.** | |
| For example, is the course embedded in a larger program? Who is the target audience? Is it an online course available on demand? Do participants meet over the course of two weekends?  Click or tap here to enter text. | |
| **Instructors must have demonstrated knowledge and experience in the course competencies. How will you ensure instructors are appropriately prepared to teach this course?** | |
| Click or tap here to enter text. | |
| **Describe how your course is designed to meet the needs of adult learners: (Check all that apply)** | |
| ☐ Varied course material (text, visual aid, presentation)  ☐ Offers Q & A (in person, email, live chat)  ☐ Acknowledges and builds on experience | ☐ Offers take-away materials  ☐ Interactive/engaging  ☐ Other: Click or tap here to enter text. |
| **Course must reflect sensitivity and relevance to the cultures and backgrounds of the educator and student populations. Describe how the course will meet these criteria.** | |
| Click or tap here to enter text. | |
| **Please include any other relevant course features or comments:** | |
| Click or tap here to enter text. | |

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| **Required content:  WAC 181-79A-224** | **Topic and time allotted**  *Total number of course hours must not be less than 15. Additional time or content may be added.* | **How do participants demonstrate this competency?**  *Provide ONLY the assessments/activities used to assess competence on the criteria, not all assignments and tasks* |
| 1. Demonstrate an understanding of school and special education laws and policies (national, state, and local) and their application to decision-making processes in the educational setting. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Understand and demonstrate knowledge of working within the culture of the schools, creating an environment that fosters safety, health, and learning for the students. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Demonstrate knowledge of appropriate resources in the school setting. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Demonstrate knowledge of collaboration with team members which may include parents, teachers, administrators, and others to support learning outcomes for all students. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Demonstrate knowledge of how to support the outcomes for all students through strategies such as scientifically-based practices, collaborative teaming, and ethical decision making. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Use professional standards to inform professional growth planning. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Demonstrate an understanding of the use of human, community, and technological resources | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Course must reflect sensitivity and relevance to the cultures and backgrounds of the relevant populations. | Click or tap here to enter text. | Click or tap here to enter text. |

For reapproval only, describe any modifications made to the original course.

Click or tap here to enter text.

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| **Signature:** | |
| **Printed Name:** Click or tap here to enter text. | **Organization:** Click or tap here to enter text. |
| **Date:** Click or tap to enter a date. | **Job Title:** Click or tap here to enter text. |

For any questions, comments, or concerns please reach out to the Professional Educator Standards Board at[**pesb@k12.wa.us**](mailto:pesb@k12.wa.us)**.**