**Professional transitions to public schools
for Educational Staff Associates (ESAs)**

**Course proposal**

| **COURSE INFORMATION:** |
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| **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 participants:***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
* Not applicable
 |
| **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. |
| **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
* School orientation and mobility specialist
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| **Is this a stand-alone course or is within an educator preparation program?** | **Who is eligible to enroll in this course?** |
| * Stand alone course
* Course within a prep program
* Other (Please explain) Click or tap here to enter text.
 | * Only candidates within the preparation program
* Open to everyone
* Enrollment conditions (Please explain) Click or tap here to enter text.
 |
| **How will the training be delivered?** | **How often will participants meet? (Ex. weekly, bi-weekly, over the weekend, etc.). Please describe below.** |
| * In person
* Virtually
	+ Synchronous
	+ Asynchronous
* Hybrid
 | Click or tap here to enter text. |
| **Describe how your course is designed to meet the needs of adult learners: (Check all that apply and describe)** |
| * Varied course material (text, visual aid, presentation)
* Offers Q & A (in person, email, live chat)
* Acknowledges and builds on past experience
 | * Offers take-away materials
* Interactive/engaging
* Other: Click or tap here to enter text.
 |
| Description: 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?** |
|  |
| **Please include any other relevant course features or comments:** |
| Click or tap here to enter text. |

| **CULTURAL RESPONSIVENESS** |
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| **Describe and provide 2-3 examples of how the instructional design of the course will reflect sensitivity and relevance to the cultures and backgrounds of each of the following three groups:*** **The ESA course participants**
* **The educators served by the ESA course participants**
* **The students served by the ESA course participants**

**Description should reflect principles found within the** [**CCDEI standards**](https://drive.google.com/file/d/1_1nf9XWXJKT_a3lOP169VmVc3U0l1ze0/view)**.**  |
| Click or tap here to enter text. |

**Before completing this section, please refer to the scoring rubric for additional details:** [Professional Transitions to Public Schools review rubric](https://www.pesb.wa.gov/wp-content/uploads/Professional-Transitions-to-Public-Schools-review-rubric-October2021.docx)

| **REQUIRED CONTENT AND DEMONSTRATION OF COMPETENCY** |
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| **All required content is found inWAC 181-79A-224*****\*Please be sure to address italicized notes*** | **Describe in detail the course content that meets the required content in WAC 181-79A-224. Include 2-3 examples.***Please include time allotted for each topic. Total number of course hours must not be less than 15. Additional time or content may be added.* | **Describe in detail how participants demonstrate they meet this competency through assessments, key assignments, observations, etc. Include 2-3 examples.**  |
| 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.***Time allotted:***  | 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.***Time allotted:***  | Click or tap here to enter text. |
| 1. Demonstrate knowledge of appropriate resources in the school setting.

*\*A quality response school system level resources available to multi-disciplinary teams to support students with a variety of needs.*  | Click or tap here to enter text.***Time allotted:***  | 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.***Time allotted:***  | 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.***Time allotted:***  | Click or tap here to enter text. |
| 1. Use professional standards to inform professional growth planning.
 | Click or tap here to enter text.***Time allotted:***  | Click or tap here to enter text. |
| 1. Demonstrate an understanding of the use of human, community, and technological resources.

*\*A quality response should demonstrate awareness of applicable resources to support students with a variety of needs.* | Click or tap here to enter text.***Time allotted:***  | Click or tap here to enter text. |

| FOR REAPPROVAL ONLY |
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| Describe any modifications made to the original course, including modifications based on current policy. *Please include examples.*  |
| Click or tap here to enter text. |

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

For any questions, comments, or concerns please reach out to Leiani Sherwin at leiani.sherwin@k12.wa.us.

Please submit completed form to Makenzie Dyer at makenzie.dyer@k12.wa.us