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

**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 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. | |
| **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.docx) | |
| **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 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. | |
| **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 and provide 2-3 examples.** | |
| 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** | **Describe in detail the course content that meets the required content in WAC 181-79A-224. Include 2-3 examples.**  *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.** |
| 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. |

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)**.**