Propose a new specialty endorsement

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/)

Prior to submitting the final proposal, requesting organizations pilot their proposed essential learnings with educators or educator candidates. Through this final proposal, requesting organizations describe their essential learning and related outcomes. 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 three sections in this form.

1. Specialty endorsement information
2. Pilot of essential learnings
3. Signature and authorization

## 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.

## Have there been any changes or updates to the information provided in the pre-proposal since the pre-proposal was presented to the Board? If yes, please describe the updates and rationale behind the changes?

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

## Attach

 [ ]  Letters of commitment from at least two organizations interested in seeking approval to offer the specialty endorsement. If the two organizations submitting letters of commitment are the same organizations who are submitting this proposal, please include at least one letter of support from an additional organization.

[ ]  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.

# II. PILOT OF ESSENTIAL LEARNINGS

Prior to submitting your proposal, you must pilot the proposed essential learnings with educators or educator candidates.

The purpose of the pilot is for the requesting organizations to gather evidence to be able to submit a strong proposal to the board regarding how the essential learnings and professional learning structure support the growth of educators and serve an important role in the state. The pilot may be formal or informal and may take place within new or established educational settings, such as an existing professional learning series or endorsement program. There is no minimum number of participants, length of time, or other specific constraints for the pilot, but the requesting organizations will want to consider what would allow for enough learning to submit a convincing proposal to the board.

Providers approved to offer a specific specialty endorsement may consider a participant’s work in a pilot towards the requirements for that specialty endorsement. [Learn more about the process to become an approved specialty endorsement provider](https://www.pesb.wa.gov/preparation-programs/approval/offer-an-endorsement/).

## How did you determine participants met the essential learnings? How did the participants demonstrate evidence of learning? Please describe. Approaches might include: observations, portfolios, rubrics, written reflections or other documentation, assessments?

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

## Through what activities, content, and / or experiences, were the essential learnings piloted? Describe the learning growth of your participants throughout the pilot.

You are strongly encouraged to offer clock hours, credits, or to guide your participants in completing a [professional growth plan](https://www.pesb.wa.gov/workforce/developing-current-educators/pgp/) (PGP) during the pilot period. This is so the educators may at least earn clock hours or credits even if the specialty endorsement is not approved by the board.

Specialty endorsements are competency based, which means that there are a variety of ways that providers may structure their programs in terms of numbers of clock hours and credits needed for participants to demonstrate competency in the essential learnings.

There is no minimum number of required credits or clock hours for either endorsements or specialty endorsements.

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

## Describe the demographics of the pilot participants and surrounding community(ies) or region(s) served. Include quantitative data.

In recruiting potential pilot participants, consider those who represent the diversity of students in our state and your community.

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

## How was the pilot design and implementation aligned to and responsive to the cultural competency standards? How was the pilot structured in anti-racism?

*Consider: How did your pilot address and support the diverse cultural differences and engagement practices among educator participants? How did you identify participant strengths and assets?*

*Consider: How did your pilot ensure each participant exhibits the knowledge and skills of culturally competent educators?*

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

## In what ways did the piloted essential learnings contribute to educator capacity to positively impact student learning?

Evidence must include pilot participant surveys, stories, or anecdotes, and may include educator, student and community member stories; survey results; focus groups; documented observations; quantitative data.

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

# III. 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