Offer a specialty endorsement

Proposal

# SUBMISSION GUIDANCE

The proposal for an organization to offer a specialty endorsement is a one-stage process consisting of this proposal and its consideration by the Professional Educator Standards Board (PESB). [View resources and more information about this process](https://www.pesb.wa.gov/preparation-programs/approval/offer-an-endorsement/).

Through the proposal, prospective specialty endorsement providers describe their proposed offering in relation to the essential learnings, organizational capacity, and participant recruitment and retention. Providers also respond to educator, student, and community needs. If there are any questions on the form or process, email Prajakta Deshmukh at 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 seven sections in this form.

1. Organization information
2. Specialty endorsement features
3. Responding to educator, student, and community needs
4. Organizational capacity
5. Participant recruitment and retention
6. Cultural competency and essential learnings
7. Signature and authorization

## Proposal submission

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

# I. ORGANIZATION INFORMATION

Per [WAC 181-82A-212](https://app.leg.wa.gov/WAC/default.aspx?cite=181-82A-212), the following organizations are eligible to apply to offer a specialty endorsement:

(a) Professional educator standards board approved educator preparation program providers; or

(b) Other organizations maintaining status as approved in-service education agencies under WAC [**181-85-045**](http://app.leg.wa.gov/WAC/default.aspx?cite=181-85-045) in partnership with a professional educator standards board approved educator preparation program provider.

If this is a partnership, please complete the following information for both the organizations.

## Organization name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Organization type(s)

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 educator preparation program:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Organization contact(s)

|  | Organization #1 | Organization #2 |
| --- | --- | --- |
|  | Primary contact information | Primary contact information |
| Name | Click here to enter text. | Click here to enter text. |
| Title | Click here to enter text. | Click here to enter text. |
| Address | Click here to enter text. | Click here to enter text. |
| Telephone | Click here to enter text. | Click here to enter text. |
| Email | Click here to enter text. | Click here to enter text. |
|  | Secondary contact information | Secondary contact information |
| Name | Click here to enter text | Click here to enter text  |
| Title | Click here to enter text | Click here to enter text |
| Address | Click here to enter text | Click here to enter text |
| Telephone | Click here to enter text | Click here to enter text |
| Email | Click here to enter text | Click here to enter text |
|  |  |  |

## Specialty endorsement your organization(s) proposes offering (e.g. environmental sustainability, gifted education, etc.). [View a list of specialty endorsements](https://www.pesb.wa.gov/preparation-programs/standards/endorsement-competencies/).

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## Clock hour or accreditation status

To submit a proposal to offer a specialty endorsement, your organization must have submitted an application to be a clock hour provider for the upcoming year; or be an accredited college or university able to issue credits. To offer the specialty endorsement, the organization must maintain current status as an approved clock hour provider or accredited college or university.

 ☐ Clock hour provider application has been submitted for the upcoming academic year. Provide email receipt received after submitting clock hour provider application.

☐ School districts, approved charter schools, and tribal compact schools. These organizations are automatically considered approved clock hour providers and do not need to apply to become an approved clock hour provider.

☐ Accredited college or university.

## Projected enrollment

Projected enrollment (# of candidates) in year one: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Projected full enrollment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (year) (# of candidates)

## Anticipated specialty endorsement start date

Provide month and year (e.g. September 2024).

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

# II. SPECIALTY ENDORSEMENT FEATURES

## Describe your specialty endorsement offering design.

250 words maximum.

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

## Primary delivery format

Check all that apply.

☐ Online

☐ In-person

☐ Both online and in-person

☐ Asynchronous

☐ Synchronous

## How will your organization(s) determine that a participant has met the requirements for the specialty endorsement, including the essential learnings? How will the participants demonstrate evidence of meeting the essential learnings?

Approaches might include structured observations, portfolios, rubrics, other types of assessments, or written reflections or other documentation.

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## How many clock hours or credits will your organization(s) offer for the proposed specialty endorsement? What length of time (one quarter, one year, 12 weeks, etc.) do you anticipate it will take most participants to complete the specialty endorsement?

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.

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## How much will the proposed specialty endorsement offering cost an individual participant?

Provide the dollar amount inclusive of all fees.

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

## Attach

 ☐ At least two letters of support from education or community related organizations.

## In what ways will your proposed specialty endorsement offering uniquely address a need that is not already being served?

In your response include:

* Educator, student, and community member stories. Describe how your organization gathered input from educators, students, community members, and other experts.
* Evidence of need. Evidence could include survey results; focus groups; documented observations; collection of research; and/or quantitative data.

# IV. ORGANIZATIONAL CAPACITY

## Describe your organizations’ previous experience in offering related professional learning.

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

## How will your organization(s) recruit, select, and retain its instructors? In what ways will you recruit and retain instructors from historically excluded communities, including instructors of color?

In recruiting and selecting instructors, consider those who represent the diversity of students in our state and your community.

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

## How will your organization(s) initially train instructors and support instructors’ ongoing improvement?

*Consider: How will instructors be prepared to respond to diverse participants’ cultural and linguistic backgrounds?*

*Consider: How will your organization ensure participants have access to sufficient content expertise?*

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

## Specialty endorsement instructors

Complete the chart below with the key instructors who will teach the specialty endorsement offering. Add or remove rows if needed.

Consider the instructor capacity necessary to support the number of candidates you anticipate.

If you are unable to provide a name, please include the projected hiring timeline and attach a job description.

| First and last name | Related P-12 education experience | Experience working with adult learners | Projected FTE % dedicated to the specialty endorsement |
| --- | --- | --- | --- |
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## Separate administrative unit

Complete the chart below with your organization’s staff who will be supporting the specialty endorsement offering. Add or remove rows if needed.

Consider the staff capacity necessary to support the number of candidates you anticipate.

If you are unable to provide a name, please include the projected hiring timeline and attach a job description.

| Position title | Name | Responsibilities | Projected FTE % dedicated to the specialty endorsement |
| --- | --- | --- | --- |
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## Describe how staff, instructors, and participants will have access to adequate, specialty endorsement-specific resources (classrooms, technology, information services, advising, tutoring, etc.).

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#  V. PARTICIPANT RECRUITMENT AND RETENTION

## How will your organization(s) recruit and develop participants? What strategies and practices will your organization(s) use to recruit and retain participants from historically excluded communities, including participants of color?

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## How is your organizations’ specialty endorsement offering built around the needs and expressed interests of participants from historically excluded communities, including participants of color?

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## How will your organization(s) incorporate anti-racist practices into your specialty endorsement offering?

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

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# VI. CULTURAL COMPETENCY AND ESSENTIAL LEARNINGS

## Specialty endorsement alignment table

Complete the table below with a description of all activities and / or experiences included in the specialty endorsement offering and the essential learnings each experience is aligned to. Reference and address the smallest level of the essential learnings (referred to as a “component area”) available. Organization leaders must ensure that all essential learnings are addressed.

[Find specialty endorsement essential learnings here](https://www.pesb.wa.gov/preparation-programs/endorsement-competencies/).

| Activity or experience description | Essential learnings |
| --- | --- |
| Briefly describe each specialty endorsement activity or experience. Activities or experiences could be components of a portfolio, online modules, courses, performance activities, etc. Include all content necessary for completing your specialty endorsement offering. Include a title and intended outcomes.  | Find the specialty endorsement competencies for your proposed endorsement [here](https://www.pesb.wa.gov/preparation-programs/endorsement-competencies/). Cite each component area to which the course is aligned. A component area can be cited multiple times.  |
| EXAMPLE (this is an example of how to complete the table, not an exemplary activity or experience):Community and the environment moduleThis module delves into the relationship of indigenous communities and communities of color with land, the environment, and food cultivation, as well as the consequences of colonialism and capitalism. The module also discusses global approaches to sustainability, an overview of the history of the environmental justice movement, and various ecological and organizational models as it relates to community and the environment. Participants will be asked to:1. demonstrate knowledge in these concepts themselves
2. integrate components of environmental justice (either content or approaches) into their educational setting through three performance-based activities and ongoing reflection questions.

Outcomes: * Build an understanding of the intersection between environmental and anti-oppression education
* Develop knowledge and skills in systems thinking
* Describe ecological and organizational models and systems of sustainability
 | EXAMPLE (this is an example of how to complete the table, not an exemplary activity or experience):Environmental and sustainability education:1.B, 1.C.1, 1C.2, 1.D.1, 1.D.2, 1.D.3, 1.F.1 |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |

## How did your organization align your offering to the essential learnings for this specialty endorsement?

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## Describe how your proposed specialty endorsement offering is aligned and responsive to the [Cultural Competency, Diversity, Equity and Inclusion (CCDEI) standards](https://drive.google.com/file/d/1_1nf9XWXJKT_a3lOP169VmVc3U0l1ze0/view).

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

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

## Describe how your proposed specialty endorsement offering is aligned with the professional learning standards outlined in [RCW 28A.415.430](https://app.leg.wa.gov/RCW/default.aspx?cite=28A.415.430).

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# 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 organization leadership # 1

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

Signature

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

Date

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

Name of representative from organization leadership # 2

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

Signature

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

Date