

Boot Camp Provider Application Non-Traditional Route to Special Education Teacher Certification



CONTACT INFORMATION

NAME OF IHE/DISTRICT(S)/INTERLOCAL CO-OP(S)

CONTACT PERSON

NAME OF RESPONSIBLE PARTY

EMAIL ADDRESS OF CONTACT PERSON

WORK PHONE NUMBER

CELL PHONE NUMBER

STRUCTURE OF PLANNED BOOT CAMP

Include schedule (days and times) and format (location and presentation type)

DATES OF THE PLANNED BOOT CAMP

Include start date and planned completion date



Qualifications of Instructor(s)

District instructors must hold current teacher certification in special education and have experience teaching in a special education classroom. University instructors must meet all the hiring requirements of the relevant university.

Please submit a resume for each instructor who will offer the classes and monitor the field experience(s).

Instructor One

Instructor Two (if needed)

Instructor Three (if needed)

Instructor Four (if needed)

Instructor Five (if needed)



What evidence will be gathered and/or assessments will be utilized to ensure that candidates have met the required competencies (competencies are listed at the following link: (<https://sde.ok.gov/non-traditional-route-special-education-teacher-certification>) in each of the following subject areas? Include examples to support the response such as lesson plans, a syllabus, sample activities, etc.

Introduction to Special Education

Individualized Education Plan (IEP)

Behavioral Management

Effective Teaching, Reading, and Math Strategies

Assessment

Legal and Ethical Issues

Candidate Application

Non-Traditional Route to Special Education Teacher Certification



Describe the experiences the candidates will have during the Field-Based component of Boot Camp (minimum of 30 hours). What are the specific learning outcomes planned for the Field-Based component? Attach additional sheets as needed.



If this application is accepted, I acknowledge that our responsibilities include:

- › Adhering to the State Board approved program guidelines
- › Providing documentation to demonstrate that each candidate has completed all program components.

PROGRAM CONTACT

Signature _____

Name _____

Title _____

RESPONSIBLE PARTY

Signature _____

Name _____

Title _____

Preferred Submission Method

Submit completed application electronically (including a scanned copy of driver’s license and a copy of transcripts to):

Carolyn.Thomas@sde.ok.gov

Alternative Forms of Submission

Mailing Address:

OSDE: Special Education Services
HB1233 Certification Boot Camp Application
2500 N. Lincoln Boulevard, Suite 412
Oklahoma City, OK 73105



The checklist is provided for review to ensure that the applicant has all required information need to process the application.

- Completed Application
- Letter from Governing Body
- Structure of Planned Boot Camp
- Resume for Instructor

Competency Evidence

- › Introduction to Special Education
- › Individualized Education Plan (IEP)
- › Behavioral Management
- › Effective Teaching, Reading, and Math Strategies
- › Assessment · Legal and Ethical Issues

Description of Field-Based Component

Summary of Competency Demonstration (including evidence)

Comments:

For Office Use Only	Date Reviewed _____
Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	
Committee Signatures	
_____	_____
_____	_____