**Department of Special and Early Education**

**Attn: Jeff Chan**

**Northern Illinois University
Department of Special and Early Education**

**DeKalb, IL 60115**

**Student Application and Information Sheet**

**for students pursuing a course of study towards a**

**Certificate of Graduate Study/Director of Special Education**

I understand that I am **not** applying for admission to an academic degree program and that I will **not** be eligible for a graduate degree upon completion of this course of study. I further understand that I can simultaneously pursue a Certification of Graduate Study/Director of Special Education and a graduate degree (master’s or doctorate) in this department or another, but that requires an additional application process and my being admitted to, and having filed an approved plan of study in, the appropriate degree program. Courses taken to satisfy the PEL/endorsement requirement may or may not count toward the requirements of a particular degree program.

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

Date (MM/DD/YY)

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

Name (Last, First Middle Initial)

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

Mailing Address Home City/State/Zip

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

Telephone Number Email Address

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

IEIN # (Illinois Education Identification Number) Date of Birth (MM/DD/YY)

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

Highest Degree Held (list degree, major (specialization), date awarded, and name of institution)

Certification/License held (subject to verification, if your credentials are out-of-state additional information may be required).

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

Signature of Applicant

**Department of Special and Early Education**

**Northern Illinois University**

**DeKalb, IL 60115**

**Certificate of Graduate Study/Director of Special Education**

**Checklist for the Director of Special Education Certificate of Graduate Study (CGS)**

A packet containing all admission materials should be sent to Jeff Chan, Department of Special and Early Education, Gabel Hall 161, Northern Illinois University, DeKalb, IL 60115. Questions may be directed to Jeff Chan (jeffchan@niu.edu) in the Department of Special and Early Education.

Students may be allowed to take only the coursework required by the state as indicated on a transcript evaluation and deficiency statement. Students may complete the application form to take coursework in the program.

Student checklist:

Prior to starting coursework toward the Director of Special Education Certificate of Graduate Study for the Director of Special Education Endorsement **the student must submit a completed packet of all materials**:

|  |  |
| --- | --- |
| \_\_\_\_\_ | Hold M.S. degree from an accredited institution |
| \_\_\_\_\_ | Apply to the Graduate School as a student-at-large ([www.grad.niu.edu](http://www.grad.niu.edu)) or be part of a degree program at NIU. |
| \_\_\_\_\_ | Apply to the Department of Special and Early Education for the Director of Special Education Certification of Graduate Study.

|  |  |
| --- | --- |
| \_\_\_\_\_ | 3.20 GPA in most recent program. You must provide official transcripts to the Department of Special and Early Education. |
| \_\_\_\_\_ | Verification of your current license and endorsements. |
| \_\_\_\_\_ | Two or more years of teaching experience, in a special education setting. |
| \_\_\_\_\_ | Two letters of recommendation citing successful professional experience, positive dispositions, and potential for success as a director of special education. **Someone with a Professional Educator license with an endorsement in Director of Special Education, Principal or Superintendent must write at least one of the letters.** |
| \_\_\_\_\_ | Application essay addressing the program’s core values of ethical, visionary leadership. |
|  |  |

 |
|  |  |

Please note:

Candidates who do not have an M.S. degree may be enrolled in a Master’s program but will not be recommended for the endorsement until after they receive their degree.

Candidates must have two years of full-time special education teaching, or serving as a school social worker, psychologist or speech language pathologist.

After you have been admitted to the CGS program:

|  |  |
| --- | --- |
| \_\_\_\_\_ | Contact the interim program advisor Jeff Chan (jeffchan@niu.edu) for enrollment information. |

Progress in the program:

|  |  |
| --- | --- |
|  |  |
| \_\_\_\_\_ | Meet or exceed all standards-based assessments included in courses and listed in standards matrices. |
|  |  |
| \_\_\_\_\_ | Successful completion of content test for the Director of Special Education Content Area Test (234). Information on this exam may be located at [www.il.nesinc.com](http://www.il.nesinc.com/)Date of exam completion \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Completion of the program:

|  |  |
| --- | --- |
| \_\_\_\_\_ | Meet the Director of Special Education Content Area Standards as evidenced by meeting or exceeding requirements on all standards-based assessments included in courses. |
| \_\_\_\_\_ | Receive “proficient” ratings on submitted portfolio. |

To be recommended for the Director of Special Education endorsement:

|  |  |
| --- | --- |
| \_\_\_\_\_ | Print and complete the application materials for Director of Special Education endorsement and the Gender/Ethnicity form. Please return the forms to Jeff Chan, Department of Special and Early Education, Northern Illinois University, DeKalb, IL 60115. |

**Department of Special and Early Education**

**Attn: Jeff Chan**

**Department of Special and Early Education**

**Northern Illinois University**

**DeKalb, IL 60115**

**Certificate of Graduate Study/Director of Special Education**

**Letter of Recommendation to Supplement Application for Admission**

**to the Certificate of Graduate Study Program in Director of Special Education**

This section to be completed by the applicant before form is given to writer of recommendation:

Name of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Public Law 93-380 permits the applicant to inspect this recommendation if the following waiver is not signed. I voluntarily waive my right to access this recommendation under Public Law 93-380 so that it may be kept confidential.

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

 Original signature of applicant

**This form is to be completed by someone holding a General Administrative certification. Please rate the applicant. Compare with others of like experience and position. A letter may substitute for the portion of the form below but should be attached to this form after the top portion is completed by the applicant.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Upper 5%  | Upper 10%  | Upper 25%  | Upper 50%  | Lower 50%  | No Basis For Judgment  |
| Professional ethics |  |  |  |  |  |  |
| Visionary perspective |  |  |  |  |  |  |
| Leadership skills |  |  |  |  |  |  |
| Collaborative skills |  |  |  |  |  |  |
| Communication skills |  |  |  |  |  |  |

Context in which I have known the applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

General assessment of overall academic ability: Of the approximately \_\_\_\_\_\_\_ persons at a comparable educational or professional level whom I have known in recent years, I would rate this applicant in the upper \_\_\_\_\_ percent.

In addition, please write a statement below indicating your opinion of the applicant’s ability to achieve professional success as a Director of Special Education. Any pertinent information is valuable, but a specific evaluation of strengths and weaknesses is more helpful than general praise. Please use the space below and the reverse side if necessary.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Original signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please sign and submit this letter of nomination to: Jeff Chan, Department of Special and Early Education, Northern Illinois University, DeKalb, IL 60115-2854. For more information call: 815-753-0381.*

 **Department of Special and Early Education**

**Attn: Jeff Chan**

**Department of Special and Early Education**

**Northern Illinois University**

**DeKalb, IL 60115**

**Certificate of Graduate Study/Director of Special Education**

**Candidate Disposition Assessment Instrument**

**Instructions for Application Essay**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Applicants to the Certificate of Graduate Study program in Director of Special Education must submit a letter of application that includes an essay. In (approximately) 500 words, discuss how you hope this program will empower you to become an ethical, visionary leader in the role of Director of Special Education. Describe your strengths and achievements associated with an ethical visionary leader. Also describe areas in which you can improve and how you intend to make such improvements.

**Director of Special Education Application Essay Rubric**

| **Components** | **Meets Expectations** | **Does Not Meet Expectations** |
| --- | --- | --- |
| Ethical Leadership | Thoughtful statements on the importance of ethics in the role of Director of Special Education. | Lack of coherence in the importance of ethics in the role of Director of Special Education. |
| Visionary Leader | Thoughtful statements on how candidate views visionary leadership in the daily operations of providing services for students with disabilities. | Lack of clarity in how visionary leadership influences daily operations. |
| Leadership | Thoughtful statements on how leaders effectively build and lead communities of learners.  | Lack of clarity expressing the role of leadership in building communities of learners. |

**Department of Special and Early Education**

**Certificate of Graduate Study**

**Director of Special Education (20 hours)\***

The following is a list of required courses for students seeking a Certification of Graduate Study in Director of Special Education. This course of study does not lead to a graduate degree but does provide the necessary requirements to earn the NIU certificate designation.

This Certificate of Graduate Study is designed to meet standards for the Director of Special Education Endorsement.

You are strongly advised to consult the graduate advisor for this Certificate early in your studies. This checklist and the Student Information Form must be on file in the Department of Special and Early Education no later than the end of your first semester of coursework toward this certificate.

\*The Certificate of Graduate Study at NIU requires 20 semesters hours of coursework.

**Course Checklist**

|  |  |  |
| --- | --- | --- |
| Semester 1 | \_\_\_\_\_\_\_\_\_\_ | SESE 747, Seminar in Special Education (3)LEEA 726, Special Education and the Law (3) |
| Semester 2 | \_\_\_\_\_\_\_\_\_\_ | SESE 760, The Special Education Director (3)LEEA 577, Administration and Supervision of Special Education (3) |
| Semester 3 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | SESE 765, Seminar: Professional Collaboration in Schools (3)LEEA 721, Special Education Finance (3)SESE 786, Internship in Special Education (2) |

**** APPENDIX A: Prospective Internship Mentor Commitment Letter**

**Northern Illinois University**

**Department of Special and Early Childhood Education**

**Director of Special Education Preparation Program**

**Candidate’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Proposed Mentor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Applicants to the Northern Illinois University Director of Special Education Preparation Program are required to designate a Prospective Internship Mentor. The Prospective Internship Mentor must confirm willingness to serve in this role by providing a statement below. The statement verifies willingness to support the intern during the internship, allow the candidate access to district data (which is kept confidential and stripped of all student identifiers), and indicates an understanding of program requirements.

**Statement of Willingness to Assist Intern:**

**In confirming my support, I agree to the following:**

* Commitment to complete state-approved internship training, if needed.
* Commitment to work directly with the intern as they observe, participate in, and lead required internship activities.
* Commitment to comply with the state regulations limiting mentor directors of special education to working with a maximum of five director of special education interns at any one time.

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

**Prospective Internship Mentor Signature Date**

*Please sign and submit this letter of commitment to: Jeff Chan, Department of Special and Early Education, Northern Illinois University DeKalb, IL 60115-2854. For more information call: 815-753-0381.*

**** APPENDIX B: Assurance of Mentor’s Certification and Experience**

**Northern Illinois University**

**Department of Special and Early Childhood Education**

**Director of Special Education Preparation Program**

**The signature below indicates the following:**

1. The internship mentor holds a valid and current professional educator license endorsed for director of special education.
2. The internship mentor is currently employed as a director of special education in an Illinois public school or cooperative.

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**