

Department of Special and Early Education
Attn:Leslie B. Hecht
Northern Illinois University
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 understand that I can simultaneously pursue this course work and a graduate degree (masters' or doctorate) in this department or another, but that requires an additional application process resulting in admission, 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)

NIU Z-ID

Mailing Address

Home Telephone Number

City State Zip

Work Telephone Number

Email Address

Date of Birth (MM/DD/YY)

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

IEIN (Illinois Education Identification Number)

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 Dr. Leslie B. Hecht, Department of Special and Early Education, Gabel Hall 159, Northern Illinois University, DeKalb, IL 60115. Questions may be directed to [Dr. Leslie B. Hecht](#) in the Department of Special and Early Education.

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

Student check list

Prior to starting course work toward the Director of Special Education Certificate of Graduate Study for the Director of Special Education Endorsement. 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) 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. (Application)
 - _____ 3.2 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
 - _____ Three 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. (Recommendation Letter)
 - _____ Application essay addressing the program core values of ethical, visionary leadership. (Application Essay)
 - _____ Test of Academic Proficiency (TAP), (Basic Skills, ACT+writing or SAT) Information regarding this exams may be located at www.il.nesinc.com

*Candidates who do not have an MS degree may be enrolled in a Masters program but will not be recommended for the endorsement until after they receive their degree.

** Candidates must have 2 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:

_____ Obtain a copy of the Course Checklist for the Director of Special Education endorsement. Link to program.

Progress in Program, Pre-Clinical:

- _____ Each semester you must fill out the Student Application for the Field Internship.
- _____ Meet or exceed all standards-based assessments included in courses and listed in standards matrices.
- _____ Meet dispositions requirements as indicated by scores on assessment checklist after 15 credit hours. (Candidate Disposition Assessment Instrument)
- _____ Successful completion of content test for the Director of Special Education Content – Area Test (180). Information on this exam may be located at www.il.nesinc.com

Date exam completed _____

Completion of Program:

- _____ Meet 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 the Leslie Hecht, SEED, Northern Illinois University, DeKalb, IL 60115.

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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: _____

Social Security # _____

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 filled out by some 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 applicant: _____

from _____ to _____.

General assessment of overall academic ability: Of the approximately _____ persons at a comparable educational or professional level that 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: _____

**Department of Special and Early Education
Attn: Leslie B. Hecht
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 the strengths and achievements you bring to becoming 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 standard for the Director of Special Education Endorsement.

You are strongly advised to consult assigned faculty 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 course work toward this certificate.

*The Certificate of Graduate Study at NIU requires 20 semesters hours of course work.

Course Checklist

- Semester 1 _____ SESE 592, Seminar in Special Education (3)
 *This is the first course completed toward the Director of Special Education and the prerequisite for subsequent course work.
- _____ LEEA 577, Administration and Supervision of Special Education
 (3)
- Semester 2 _____ SESE 760, The Special Education Director (3)
- _____ SESE 765, Seminar: Professional Collaboration in Schools (3)
- Semester 3 _____ LEEA 726, Special Education and the Law (3)
- _____ SESE 575X or LEEA 575, Special Education Finance (3)
- _____ SESE 786, Internship in Special Education (2)

Please sign and submit this letter of nomination to: Department of Special and Early Education, DeKalb, IL 60115-2854. For more information call: 815-753-8457.



APPENDIX B: 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 it 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 he/she observes, participates in, and leads 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: Department of Special and Early Education, DeKalb, IL 60115-2854. For more information call: 815-753-8457.



APPENDIX C: Assurance of Mentor's Certification and Experience

**Northern Illinois University
Department of Special and Early 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:** _____