Application Form

Instructional Program for Initial Licensure

**Part A - Instructions**

Carefully review each of the following sections and the [**checklist and formatting guide**](https://docs.google.com/document/d/1kdXln7EGFk6Nxxd6JdvQ7cjbc0jz8blv/edit?usp=sharing&ouid=114629564023085274824&rtpof=true&sd=true). Submit responses and additional evidence or documents (Word documents, PDF materials, etc.) electronically to [sbogan@doe.in.gov](mailto:sbogan@doe.in.gov). Please embed the narrative within this document and reference your attachments for clarity. Please do not mail materials.

Out-of-state institutions seeking to offer onsite or distance/online instruction in Indiana must contact the Indiana Commission for Higher Education for authorization. Forms received from unauthorized institutions will not be reviewed. Please visit <http://www.in.gov/bpe/2337.htm> for more information.

**Part B – Identifying Information**

1. Name of Institution or Entity

2. Address

3. Name of Proposed Program (if transition to teaching, please be sure to carefully review Part C, #17)

4. Method of Delivery (onsite, online, hybrid)

5. List any other physical location, if any, where program will be offered

6. Date or semester of anticipated implementation, if approved

7. Program contact name(s), phone number(s), and email address/addresses

**Part C – Required Information/Documentation**

Provide a description and/or response for each of the following items. All items are required to be submitted and/or addressed within the narrative. Please insert narrative information within this document (no character limits) and attach supplemental resources. Clearly identify attachments and follow the checklist instructions for appropriate placements in folders.

8. Provide a brief overview and rationale for the program, including each of the following:

* + Purpose or goal of the program;
  + License earned upon completion;
  + Degree major awarded upon completion;
  + Reason(s) program should be approved; and
  + Any additional governance or entity approval required beyond state-approval? If so, status? Anticipated date of decision?

9. Provide a description of the clinical experiences required within this program. Include the following items:

* Duration and timing of field experiences, student teaching or internships/practicums required of candidates;
* Relevant handbooks or resource guides for student teaching practicums, policies, and resources; and
* Any student teaching evaluation forms and rubrics that are aligned to standards (InTASC, REPA 3 Educator Standards <https://www.in.gov/doe/educators/educator-licensing/indiana-educator-standards/> and commensurate SPA Standards).

10. Provide a plan of study including a list and sequence of the courses and experiences required for candidates to complete the program (e.g. advising form, or other document outlining program requirements). Also, include the following:

* A brief description of each course, such as course descriptions found in a course catalog;
* A matrix or matrices showing alignment between the required educator content standards for this program and courses. An example is posted at <https://www.in.gov/doe/educators/epps/new-program-proposals/>; and
* A description of how and when candidates in this program will be introduced to the REPA/REPA 3 Educator Standards and how will you ensure your candidates are aware of the standards during each phase of the program.

11. Provide the following information for each EPP faculty member responsible for professional coursework, clinical supervision, or administration. Include any educator(s) directly involved in teaching the content area education portion of the licensure program. If faculty have not yet been hired for the proposed program, provide information about the positions to be filled and preferred qualifications of faculty members.

* Faculty Member Name;
* Highest Degree Earned;
* Assignment or role of the faculty member (faculty, clinical supervisor, department chair, administrator, etc.);
* Faculty Rank (professor, assistant professor, adjunct professor, instructor, etc.);
* One example of professional work or leadership within the past three (3) years and related to content area; and
* Describe recent experience in P-12 schools (clinical supervision, teaching, professional service, etc.) and include discipline, grade level of the assignment(s). Include P-12 licensure and certification held and whether valid or expired, as well as name of issuing state(s).

12. Describe the process by which you and your partners will select clinical educators at both the EPP and school-based (P-12) settings. Include the following in your response:

* A summary of the selection process to be used in selecting high quality clinical educators;
* The evaluation procedures for assessing clinical educators (mentors, supervising teachers), including any pertinent evaluation tools; and
* A description of how you will ensure each clinical educator will demonstrate a positive impact on candidate preparation.

13. How will you support candidates who are struggling in the program? In your response, include a detailed description of the program’s process and procedures for remediation, intervention, counseling out, etc., including specific strategies.

14. How will you ensure candidates are prepared for licensure assessments? In your response, include specific intervention strategies for candidates struggling to pass exams, additional preparation resources, etc.

15. Diversity and technology are both important cross-cutting themes in educator preparation and are explicitly referenced in the CAEP Standards for initial and advanced-levels. Describe how both will be intentionally integrated within this program. See [CAEP’s Accreditation Resources](http://caepnet.org/accreditation/caep-accreditation/caep-accreditation-resources) for additional guidance related to these cross-cutting themes.

16. Using the table below, list the licensure assessments and provide at least four (4) additional non-state required assessments that will be required of all candidates in this program. Course grades may be accepted for no more than one assessment.

* Provide name, type, and timing of assessment.
* For non-state required assessments, include (attachment) a copy or description of the assessment and scoring guide/rubric.

| Assessment Type and Focus | Name of Assessment | Type of Assessment | Timing of Administration and/or Required |
| --- | --- | --- | --- |
| Required: Licensure assessments (include both content and pedagogy exams) |  | Licensure assessment |  |
| Required: Content knowledge |  |  |  |
| Required: Assessment demonstrating candidate mastery of effective classroom-based planning |  |  |  |
| Required: Assessment demonstrating candidate knowledge (professional/pedagogy and content), skills, and dispositions are applied in practice. |  |  |  |
| Required: Assessment demonstrating candidate impact on student (P-12) learning. |  |  |  |
| Optional: Additional assessment addressing state or national standards of this program (example: REPA/REPA 3 Educator Standards <http://www.doe.in.gov/licensing/repa-educator-standards>) |  |  |  |

17. **For Alternative Route Programs Only:** If special education will be an option for those enrolled in your proposed alternative program, include a clear and detailed explanation, including any pertinent documentation, outlining how candidates will receive focused preparation in special education**.** Please note, 511 IAC 7-36-3\* outlines the requirements for special education teaching in a public elementary, middle, junior high, or high school in Indiana, as well as the type of professional development **and** continued support for special education teachers participating in an alternative route to special education licensure program. Alternative preparation program providers and school employers have a shared responsibility with ensuring special education teachers receive continued support, resources, and high-quality professional development opportunities. See additional requirements below.

\*511 IAC 7-36-3 Special education teachers

Authority: IC 20-19-2-8; IC 20-19-2-16

Affected: IC 20-19-2; IC 20-33

Sec. 3. **(a) A special education teacher who teaches in a public elementary, middle, junior high, or high school in the state must meet the following requirements**:

1. The teacher has obtained full state licensure as a special education teacher, including licensure obtained through an alternative route, as described in subsection (b), or passed the state special education teacher licensing examinations and holds a license to teach in the state as a special education teacher.
2. The teacher has not had special education licensure requirements waived.
3. The teacher holds at least a bachelor's degree.

**\*\* (b) A teacher will meet the requirement in subsection (a)(1) if that teacher is participating in an alternative route to special education licensure program under which the**:

(1) teacher:

1. receives high-quality professional development that is:

(i) sustained;

(ii) intensive; and

(iii) classroom-focused;

in order to have a positive and lasting impact on classroom instruction, before and while teaching;

1. participates in a program of intensive supervision that consists of structured guidance and regular ongoing support for teachers or a teacher mentoring program;

(C) assumes functions as a teacher only for a specified period of time not to exceed three (3) years; and

(D) demonstrates satisfactory progress toward full licensure as prescribed by the state; and

(2) state ensures, through its licensure process, that the provisions in subdivision (1) are met.

**Part D – Submission of Materials**

* Submit the above and all related documents to Scott Bogan, Director of Higher Education and Educator Preparation Programs, at [sbogan@doe.in.gov](mailto:sbogan@doe.in.gov).
* Be sure you have included all items in the application checklist posted at <https://www.in.gov/doe/educators/epps/new-program-proposals/>.
* DO NOT MAIL!
* An email message will be sent to the preparer verifying receipt of materials. If email message not received within 48 hours, then please email Mr. Bogan at [sbogan@doe.in.gov](mailto:sbogan@doe.in.gov) for confirmation.
* Instructions regarding onsite presentation will be provided in follow-up email message.