**Illinois State Board of Education**

**Educator Effectiveness Department**

100 North First Street □ Springfield, IL 62777-0001

Phone: 217.782.2948 □ Fax: 217.557.8392

**DIRECTOR OF SPECIAL EDUCATION (PK-22)   
PROGRAM PROPOSAL**

***All program proposals shall meet requirements set forth in rule at the time the proposal is submitted.***

***Please submit program proposals and all relevant documentation to your ISBE liaison.***

**PROGRAM COMPONENTS**

|  |  |
| --- | --- |
| **Institution:** |  |

|  |  |
| --- | --- |
| **Date of Submission to State Board of Education:** |  |

|  |  |  |
| --- | --- | --- |
| **Primary Contact:** | **Email:** | **Phone number:** |
|  |  |  |
| **Secondary Contact:** | **Email address:** | **Phone number:** |
|  |  |  |

|  |  |
| --- | --- |
| Name of the Education Unit: |  |
| Name of the Program: |  |
| Endorsements to be awarded: |  |

**Term:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ☐ | Semester | ☐ | Trimester | ☐ | Quarter | ☐ | Other |

|  |  |
| --- | --- |
| **Semester hour equivalent: *(If credit is not awarded in semester hours)*** |  |

**Type of Program:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ☐ | Traditional  *(face to face)* | ☐ | Blended  *(traditional & online)* | ☐ | Online Only |

**Degree to be awarded:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ☐ | Licensure Only | ☐ | Graduate | ☐ | Doctorate |

|  |  |
| --- | --- |
| Projected Size of Initial Cohort: |  |
| Projected Student Entry Date: |  |

**CRITERIA**

1. Please complete the matrix to describe the criteria for admission to the program, including the required grade point average for entry into the program, retention in the program, and exit from the program.

*(Per* ***23******Illinois Administrative Code, Part 25, Section 25.120 (a)(2)****)*

|  |  |  |
| --- | --- | --- |
| Admission | Retention | Exit |
| GPA: |  |  |
| *Example:*  *ACT: Composite score of 22+ with writing score 16.*  *(Delete example)* | *Example:*  *Score 39/50 on each disposition evaluation.*  *(Delete example)* | *Example:*  *Score 80/100 on clinical evaluation by university supervisor and cooperating teacher. (Delete example)* |
|  |  |  |
| *Add additional rows as needed* |  |  |

**FACULTY**

1. Please complete the matrix to identify the faculty members with the primary responsibility for preparing professional educators in the program and their qualifications for their positions.

*(Per* ***23 Illinois Administrative Code, Part 25, Section 25.120 (a)(4))***

***Please list faculty with terminal degrees first.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Degree | Title | Area of Expertise | PK -12 Teaching Experience  *(Total Years & Grade Level)* | Expected Courses To Teach |
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| *Add additional rows as needed* |  |  |  |  |  |

**COURSE OF STUDY**

1. Please complete the matrix to describe the required courses in the course of study. Include the proportion of coursework offered by distance learning or video conferencing technology.

*(Per* ***23 Illinois Administrative Code, Part 25, Section 25.120(a)(5-6)***

**Include in the matrix how at least one course in each of the below areas is met:**

*Use the letters below to identify coursework requirement on the matrix.*

1. Special education law
2. Special education finance
3. Supervision of programs for children with disabilities
4. Cross-categorical special education methods

*(Per* ***23 Illinois Administrative Code, Part 25, Section 25.365 (b)(1)(A-D))***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Course Title/Name | Credit Hours | Traditional Face-to-Face (Use X) | Online Only  (Use X) | Blended  (% Face–To-Face/% Online) | Other Modes of Delivery  (if applicable) | Required Areas | Course Description  *(Suggested 2-3 sentences)* |
| *Example:*  *EDU 230*  *Methods of Teaching Mathematics*  *(Delete example)* | *3* |  |  | *50/50* |  | *A,C* | *This course, which is required for any Illinois endorsement in the middle grades, will provide practicing teachers with further knowledge and understanding of the unique intellectual, social, emotional, physical, and developmental characteristics and needs of the young adolescent. Teachers will develop middle school lessons to be shared with their peers in this course and used with their middle school students in the future.* |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| *Add additional rows as needed* |  |  |  |  |  |  |  |
| Total Credit Hours |  |  | | | | | |

1. Please complete the matrix to describe how the program meets the endorsement requirements for the preparation of directors of special education. Candidates shall complete at least one course in each of the following areas of special education.

*(Per* ***23 Illinois Administrative Code, Part 25, Section 25.365 (b)(1)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Course Title | Requirement 1)  *Special education Law* | Requirement 2)  *Special education finance* | Requirement 3) *Supervision of programs for children with disabilities* | Requirement 4)  *Cross-Categorical special education methods* |
| *Ex: XXX 123* |  | X |  |  |
|  |  |  |  |  |
| *Add additional rows as needed* |  |  |  |  |

1. Please complete the matrix to describe how the program meets the Professional Educator License (PEL) coursework requirements, including the evidence of instruction relative to special education, reading, and English Learners.

*(Per* ***23 Illinois Administrative Code, Part 25, Section 25.25 (a)(1)****)*

*(Per* ***23 Illinois Administrative Code, Part 24(Standards for All Illinois Teachers)***

***\*Courses below are only required for the issuance of an individual’s first Illinois PEL. This matrix may be left blank if candidates who do not hold a PEL will be denied admittance.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Course Title | Requirement 1)  *Reading Methods* | Requirement 2)  *Reading in the*  *content area* | Requirement 3) *Exceptional Child Instructional Methods* | Requirement 4) *ESL/Bilingual Methods* |
| *Ex: XXX 123* |  | X |  |  |
|  |  |  |  |  |
| *Add additional rows as needed* |  |  |  |  |

**Field Experiences and Clinical Practice**

1. Please complete the matrix to describe the field experiences and clinical practices related to the course of study as applicable to specific courses. Include the expected learning outcome for the required field experience and clinical practice.

*(Per* ***23 Illinois Administrative Code, Part 25, Section 25.120(a)(5-6)***

|  |  |  |  |
| --- | --- | --- | --- |
| Course Title | Field Experience Description  *(Suggested 2-3 sentences)* | Clock Hours | Expected Learning Outcome  *(Suggested 3-5 sentences)* |
| *Ex: XXX 123* |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| *Add additional rows as needed* |  |  |  |

1. Describe the criteria and measures taken to ensure candidates gain experience in diverse settings and with students with varying demographic characteristics.

*(Per* ***23 Illinois Administrative Code, Part 25, Section 25.120 (a)(5)(A))***

1. Describe the measures taken to ensure the candidates gain experience with technology relevant to the profession.

*(Per* ***23 Illinois Administrative Code, Part 25, Section 25.120 (a)(5)(B))***

1. Describe the program’s requirements for faculty supervision of the field experience and clinical practice.

*(Per* ***23 Illinois Administrative Code, Part 25, Section 25.120 (a)(5)(C))***

**ASSESSMENT**

1. Please complete the matrix to provide a description of the program assessments to be used, as relevant to the program being proposed, and how the faculty will collect, analyze, and use the data from the assessments used.

*(Per 23* ***Illinois Administrative Code, Part 25, Section 25.120(a)(3)****)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Assessment** | **Describe how faculty will collect data from the assessment.** | **Describe how faculty will analyze data from the assessment.** | **Describe how faculty will utilize data from the assessment.** |
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| *Add additional rows as needed* |  |  |  |

**STANDARDS**

In order to be considered for approval, a recognized institution shall propose a preparation program that meets the required standards. *(Per* ***23 Illinois Administrative Code, Part 25, Section 25.120 (a)(1)(A-E)****)*

1. Please complete the matrix to describe how the program meets:
   1. The state content standards set forth in **23 Illinois Administrative Code, Part 29, Section 29.140**. *(****Per 23 Illinois Administrative Code, Part 25, Section 25.120 (e)(1)(A-E****))*
   2. The Social and Emotional Learning Standards (SEL) set forth in 23 Illinois Administrative Code 555 Appendix A. *(Per* ***23 Illinois Administrative Code, Part 25, Section 25.120 (e)(1)(A-E****))*
   3. The national standards set forth **23 Illinois Administrative Code, Part 29, Section 29.100.**
      1. Professional Standards for Educational Leaders (PSEL) (Formally Known As Interstate School Leaders Licensure Consortium (ISLLC) Educational Leadership Policy Standards)

<http://npbea.org/psel/>

* + 1. Council for Exceptional Children (CEC)

<https://exceptionalchildren.org/standards>

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Standards | | | | |
| Course Title | **State Content Standards**  **Part 29** | **SEL** | **National Standards**  **PSEL** | **National Standards**  **CEC** |  |
| *Ex: XXXX-1234*  *(Delete Example)* | 29.110 (b)(2)(A) | *Goal 1: Learning Standard C* |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| *Add additional rows as needed* |  |  |  |  |

1. Complete and attach the Culturally Responsive Teaching and Leading Standards guide: set forth in 23 Illinois Administrative Code, part 24, section 24.50. <https://www.isbe.net/Documents/IHE-CRTL-Standards-Alignment-Guide-New-Prog.pdf>