**Professional transitions to public schools   
for Educational Staff Associates (ESAs)**

**Course proposal**

| **COURSE INFORMATION:** | |
| --- | --- |
| **Course provider organization name:** Click or tap here to enter text. | |
| **Course name:** Click or tap here to enter text. | |
| **Primary contact information for PESB proposal:** | |
| **Name:** Click or tap here to enter text. | **Telephone:** Click or tap here to enter text. |
| **Title:** Click or tap here to enter text. | **Email:** Click or tap here to enter text. |
| **Address:** Click or tap here to enter text. | |
| **Primary contact information for potential participants:** *Note: if the course is approved, this contact information will appear on our PESB website.* | |
| **Name:** Click or tap here to enter text. | **Telephone:** Click or tap here to enter text. |
| **Title:** Click or tap here to enter text. | **Email:** Click or tap here to enter text. |
| **Address:** Click or tap here to enter text. | |
| **Check the appropriate box:** | |
| * Approval * Reapproval | |
| **Check the box to confirm:** | |
| * I understand that my organization will need to apply for reapproval of this course per the schedule posted by PESB. | |
| **Course Details:** | |
| Projected enrollment for this upcoming year: Click or tap here to enter text. | Projected start date: Click or tap here to enter text. |
| Length of course: Click or tap here to enter text. | Cost for candidates: Click or tap here to enter text. |
| **Training frequency:** | |
| How often is the course offered? (For example, is this course offered three times a year, or offered on demand?)  Click or tap here to enter text. | |
| **Which of the following applies to your organization?** (Check all that apply)  *Providers are not required to be one of the following types of organizations.* | |
| * Washington state clock hour provider * PESB approved preparation program | * Accredited college/university * Other |
| **What structures and procedures do you have in place for registering candidates for your course, and providing candidates with documentation for completion of the course?** | |
| Click or tap here to enter text. | |
| **Which of the following educational staff associate roles does the course serve? Check all that apply.** | |
| * School occupational therapist * School physical therapist * School behavioral analyst | * School nurse * School speech language pathologist/audiologist * School social worker * School orientation and mobility specialist |
| **Is this a stand-alone course or is within an educator preparation program?** | **Who is eligible to enroll in this course?** |
| * Stand alone course * Course within a prep program * Other (Please explain) Click or tap here to enter text. | * Only candidates within the preparation program * Open to everyone * Enrollment conditions (Please explain) Click or tap here to enter text. |
| **How will the training be delivered?** | **How often will participants meet? (Ex. weekly, bi-weekly, over the weekend, etc.). Please describe below.** |
| * In person * Virtually   + Synchronous   + Asynchronous * Hybrid | Click or tap here to enter text. |
| **Describe how your course is designed to meet the needs of adult learners: (Check all that apply and describe)** | |
| * Varied course material (text, visual aid, presentation) * Offers Q & A (in person, email, live chat) * Acknowledges and builds on past experience | * Offers take-away materials * Interactive/engaging * Other: Click or tap here to enter text. |
| Description: Click or tap here to enter text. | |
| **Instructors must have demonstrated knowledge and experience in the course competencies. How will you ensure instructors are appropriately prepared to teach this course?** | |
|  | |
| **Please include any other relevant course features or comments:** | |
| Click or tap here to enter text. | |

| **CULTURAL RESPONSIVENESS** | |
| --- | --- |
| **Describe and provide 2-3 examples of how the instructional design of the course will reflect sensitivity and relevance to the cultures and backgrounds of each of the following three groups:**   * **The ESA course participants** * **The educators served by the ESA course participants** * **The students served by the ESA course participants**   **Description should reflect principles found within the** [**CCDEI standards**](https://drive.google.com/file/d/1_1nf9XWXJKT_a3lOP169VmVc3U0l1ze0/view)**.** | |
| Click or tap here to enter text. | |

**Before completing this section, please refer to the scoring rubric for additional details:** [Professional Transitions to Public Schools review rubric](https://www.pesb.wa.gov/wp-content/uploads/Professional-Transitions-to-Public-Schools-review-rubric-October2021.docx)

| **REQUIRED CONTENT AND DEMONSTRATION OF COMPETENCY** | | |
| --- | --- | --- |
| **All required content is found in WAC 181-79A-224**  ***\*Please be sure to address italicized notes*** | **Describe in detail the course content that meets the required content in WAC 181-79A-224. Include 2-3 examples.**  *Please include time allotted for each topic. Total number of course hours must not be less than 15. Additional time or content may be added.* | **Describe in detail how participants demonstrate they meet this competency through assessments, key assignments, observations, etc. Include 2-3 examples.** |
| 1. Demonstrate an understanding of school and special education laws and policies (national, state, and local) and their application to decision-making processes in the educational setting. | Click or tap here to enter text.  ***Time allotted:*** | Click or tap here to enter text. |
| 1. Understand and demonstrate knowledge of working within the culture of the schools, creating an environment that fosters safety, health, and learning for the students. | Click or tap here to enter text.  ***Time allotted:*** | Click or tap here to enter text. |
| 1. Demonstrate knowledge of appropriate resources in the school setting.   *\*A quality response school system level resources available to multi-disciplinary teams to support students with a variety of needs.* | Click or tap here to enter text.  ***Time allotted:*** | Click or tap here to enter text. |
| 1. Demonstrate knowledge of collaboration with team members which may include parents, teachers, administrators, and others to support learning outcomes for all students. | Click or tap here to enter text.  ***Time allotted:*** | Click or tap here to enter text. |
| 1. Demonstrate knowledge of how to support the outcomes for all students through strategies such as scientifically-based practices, collaborative teaming, and ethical decision making. | Click or tap here to enter text.  ***Time allotted:*** | Click or tap here to enter text. |
| 1. Use professional standards to inform professional growth planning. | Click or tap here to enter text.  ***Time allotted:*** | Click or tap here to enter text. |
| 1. Demonstrate an understanding of the use of human, community, and technological resources.   *\*A quality response should demonstrate awareness of applicable resources to support students with a variety of needs.* | Click or tap here to enter text.  ***Time allotted:*** | Click or tap here to enter text. |

| FOR REAPPROVAL ONLY |
| --- |
| Describe any modifications made to the original course, including modifications based on current policy.  *Please include examples.* |
| Click or tap here to enter text. |

| **Signature:** Click or tap here to enter your signature. | |
| --- | --- |
| **Printed Name:** Click or tap here to enter text. | **Organization:** Click or tap here to enter text. |
| **Date:** Click or tap here to enter a date. | **Job Title:** Click or tap here to enter text. |

For any questions, comments, or concerns please reach out to Christine Nguyen at [christine.nguyen@k12.wa.us](mailto:christine.nguyen@k12.wa.us) or Jeffrey Youde at [jeffrey.youde@k12.wa.us](mailto:jeffrey.youde@k12.wa.us).

Please submit completed form to Christine Nguyen at [christine.nguyen@k12.wa.us](mailto:christine.nguyen@k12.wa.us).