

## Special Education Program Admissions File (P.A.F.) Requirements

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Listed below are the requirements you will need to submit to apply to the Special Education Credential Program.

1. You must complete the online University Application (csumentor.edu) and submit official transcripts from each institution attended (with the exception of California State University, San Bernardino) to the Graduate Admissions Office by the deadline for that quarter. Note: These transcripts must have a current date, not to exceed one year.
2. Program Admissions Application.
3. Advising Form – You will receive this form once you attend an information session for the Special Education Program.
4. Personal Narrative – This should be no longer than two typewritten, double-spaced pages. Please type your name and My Coyote number in the upper right hand corner of each page.
5. Two Letters of Recommendation Forms – These letters must be completed on our Letter of Recommendation forms. Please obtain these letters from someone who is able to address your scholastic performance and suitability for teaching (a family member cannot complete these letters). ***Please note: Letters of Recommendation must have the evaluator's signature in order for it to be accepted.***
6. Verification of Negative TB Test Results – Submit a copy, must include the following: Your name, agency where TB test was administered and read, signature from authorized personnel, date the TB test was read and that you have no presence of TB. Results are valid for four years.
7. Verification of Certificate of Clearance – You must complete the Request for Livescan Service (41-LS) with a Transmitting Agency, then you will need to follow up with the Commission on Teacher Credentialing by submitting an application for your Certificate of Clearance.
8. Official Transcripts – You will need to submit an official transcript from each institution attended with the exception of California State University, San Bernardino. ***Please note: This is in addition to transcripts you may have submitted to the University.***
9. Verification of 45 Hours in a K-12 Classroom – You will need to obtain a documented letter from the person(s) who supervised your work, provide documentation of your experiences either through fieldwork logs or a course syllabus. ***Please note: A letter documenting your experience must include the number of hours and must be signed by the person verifying your hours.***
10. Verification of Subject Matter Competency – You must submit a photocopy along with your official CSET Score Report verifying that you have passed all subtests for the specified subject area. Your official score report will be returned to you. If you completed an approved subject matter preparation program, at an institution other than California State University, San Bernardino, you will need to bring in an original letter from that institution signed by their authorized Credential Analyst. ***THIS IS NOT REQUIRED FOR EARLY CHILDHOOD CANDIDATES.***
11. Verification of the Basic Skills Requirement – You must submit a photocopy along with your official score report. Your official score report will be returned to you. (Example: CBEST)
12. GPA – You must have a cumulative GPA of a 2.67 or your last 90 units GPA of a 2.75 in order to be admitted to the Special Education Credential Program.

13. \$35 Program Admissions Filing Fee – This fee must be paid either on-line through MyCoyote or in person at the Bursar Office. Please note, that if you pay this in person at the Bursar Office you will be required to show them a Fee Receipt.
14. After you have submitted a complete PAF by the published deadline date and the Program Admissions Office has verified that all requirements have been met, you will be classified as conditionally admitted. Once conditionally admitted, you will be allowed to enroll in the following pre-requisite coursework: ESPE 530, ESPE 531 and HD 240 or EELB 301. After successful completion of the pre-requisite coursework with a “B” or better, you will be classified as admitted without conditions and allowed to enroll in coursework specific to the track you choose.

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#### **Additional Requirements to be Intern Eligible**

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1. Intern Application – This form is located on the Special Education website, under Intern Programs, select the program you are pursuing and the application will be on that page.
2. Verification of U.S. Constitution Course – This can be verified through your transcripts and a copy of the course description if taken outside of California State University, San Bernardino.
3. Pre-Service Coursework – You must successfully complete the following courses:  
EELB 301: Growth and Development in Socio-Educational Contexts OR HD 240: Introduction to Child Development  
ESPE 530: Introduction to Special Education  
ESPE 531: Methods and Procedures in Special Education  
ESPE 614/514 : Curriculum and Methods for Diverse Learners with Disabilities  
OR  
Hold a Multiple/Single Subject Credential that includes the English Learner Authorization

## PROGRAM ADMISSIONS APPLICATION

Student ID #: \_\_\_\_\_ Applying for (Quarter/Year): \_\_\_\_\_

Name: \_\_\_\_\_  
Last, First, Middle Initial Maiden/Former Names

Mailing Address: \_\_\_\_\_  
Street, City, State, Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Ethnicity (optional): \_\_\_\_\_ Gender: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Please indicate which program you are applying for:

Program: \_\_\_\_\_

Subject Area (Single Subject only): \_\_\_\_\_

Option: \_\_\_\_\_

Added Authorizations: \_\_\_\_\_

### Degree Information:

University where Bachelor's Degree was/will be granted: \_\_\_\_\_

Academic Major: \_\_\_\_\_

Date of degree or anticipated date of completion: \_\_\_\_\_

List of all colleges/universities you have attended: \_\_\_\_\_

My signature below confirms that each of the program requirements for admissions has been completed to the best of my knowledge.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

## LETTER OF RECOMMENDATION FOR THE CREDENTIAL PROGRAM

A brief explanation of the purpose of this recommendation: The person whose name appears on this form is an applicant for a teaching credential program. The College of Education at California State University, San Bernardino is collecting information about this person to help us determine: (1) if he/she has the potential to develop into a good teacher and (2) what we can do to help him/her acquire the specific skills necessary to become a good teacher. You can help us by responding to each of the items described below. Please respond to each item in accordance with your direct observation of the applicant relative to the specified area. The recommendation is to be returned to the applicant in a sealed envelope. We appreciate your assistance. A key for the letters (A, B, C & D) is listed on this page.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Applicant's Student ID#

<b>A</b>	<b>Sufficient to function as a teacher</b>
<b>B</b>	<b>Could function as a teacher with improvement</b>
<b>C</b>	<b>Not sufficient to function as a teacher</b>
<b>D</b>	<b>No basis for judgment</b>

		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
1	<b>Oral Communication:</b> The applicant uses the language accurately and communicates clearly and concisely.				
2	<b>Listening Skill:</b> The applicant listens attentively and demonstrates understanding of what he/she has heard.				
3	<b>Reading Skill:</b> The applicant comprehends written instructions and other complex written information.				
4	<b>Writing Skill:</b> The applicant writes in a manner that is clear and grammatically correct.				
5	<b>Empathy:</b> The applicant demonstrates concern for people in various situations.				
6	<b>Organization:</b> The applicant identifies specific tasks, collects appropriate information and generally functions in a logical and productive manner.				
7	<b>Time Management:</b> The applicant organizes time so that tasks undertaken are completed in accordance with a schedule that he/she has predetermined or agreed to accept.				
8	<b>Attendance &amp; Punctuality:</b> The applicant consistently keeps appointments and arrives on time.				
9	<b>Initiative:</b> The applicant identifies what needs to be done in situations and does it promptly.				
10	<b>Scholarship:</b> The applicant analyzes, synthesizes and applies information to the solution of specific problems.				
11	<b>Persistence:</b> The applicant, after having identified specific tasks, continues to pursue those tasks until accomplished.				
12	<b>Leadership:</b> The applicant helps others to accomplish specifically identified tasks through direction and example.				
13	<b>Self-Confidence:</b> The applicant demonstrates faith in their convictions in the face of adversity.				
14	<b>Willingness to Accept Feedback:</b> The applicant incorporates the suggestions of others into the way he/she functions.				
15	<b>Consistence:</b> The applicant regularly demonstrates behavior that is appropriate to the situation.				
16	<b>Tolerance:</b> The applicant can accept the views of others and integrate them with his/her own.				

Please make any additional comments you wish relative to this individual's potential for teaching:

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### EVALUATOR

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Position

\_\_\_\_\_  
Institution

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Street Number & Name

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

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Name of Applicant

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		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
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16	<b>Tolerance:</b> The applicant can accept the views of others and integrate them with his/her own.				

Please make any additional comments you wish relative to this individual's potential for teaching:

\_\_\_\_\_

\_\_\_\_\_

EVALUATOR			
_____	_____	_____	
Print Name	Signature	Date	
_____	_____	_____	
Position	Institution	Phone Number	
_____	_____	_____	
Street Number & Name	City	State	Zip

## INSTRUCTIONS FOR PROCESSING A CERTIFICATE OF CLEARANCE

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1. Complete the applicable sections of the CTC Request for Livescan Service - 41-LS, which can be downloaded at their website at <http://www.ctc.ca.gov/credentials/applications.html>, prior to arriving at the Live Scan site offering electronic submission of fingerprint services. Applicants may refer to the CSUSB Police Department website at <http://police.csusb.edu/LiveScan.htm> for applicable fees and hours of operation or call (909) 537-3552 to schedule an appointment for Live Scan service. A current listing of other Live Scan sites offering electronic fingerprint services is available on the California Attorney General's website at [www.ag.ca.gov](http://www.ag.ca.gov) or you may contact your local police or sheriff station for Live Scan service availability and hours of operation.

2. Apply for the Certificate of Clearance using the Web Application Process at the CTC website. ([www.ctc.ca.gov](http://www.ctc.ca.gov))

**IMPORTANT:** *Before beginning the application process, be sure to turn off all pop-up blockers for this site.*

3. Click the **Online Services for Educators** navigation button.

4. Select the link **"Click Here" to complete your application in the Educator Page.**

5. Create/log in to your personal profile on the secure Educator Page using your SSN and date of birth. If creating a new profile, you will need to enter this information twice.

6. Edit/Complete your personal profile and click **"Next."**

7. Click on **"Create New"** button under Web Applications to start your application for the Certificate of Clearance.

8. Select the **Certificate of Clearance** from the drop down menus; review the checklist verifying you meet all requirements for the document, print it, click **"Next."**

9. Read the Disclosure page for the Professional Fitness questions and answer **"Yes"** to continue to the next page.

10. Answer each of the Professional Fitness Questions, complete the Oath and Affidavit, and click **Submit Payment.**

11. The display shows the document applied for and the amount to pay. Click the **Continue** button.

12. Complete the billing verification information for LexisNexis. Choose to pay with credit card (can also use debit card with Visa or MasterCard logo). Click **Continue** button when finished.

13. Verify all the payment information is correct, including email address. Click **Complete Payment** button. **DO NOT CLICK THE COMPLETE PAYMENT BUTTON MORE THAN ONCE.**

14. Use the link provided to obtain a printable receipt for your reference.

**NOTE:** *If you answered "yes" to any of the Personal and Professional Fitness questions you must send required supporting materials to the Commission as per instructions.*

## FEE RECEIPT

The CSUSB non-refundable processing fee may be paid using one of the following payment methods or additional options may be located at the Bursar website at <http://admnacct.csusb.edu/bursar.htm>.

1. Submit a completed *Fee Receipt* directly to the Bursar (UH-35) with payment (*cash, check, money order, traveler's check, cashier's check or pin based ATM are acceptable*). NOTE: The *Fee Receipt* (stamped by the Bursar) will need to be submitted to Program Admissions with your Program Admission File.
2. Pay on-line via MyCoyote with an electronic check or credit card (2.9% convenience fee) via *American Express, Discover and Mastercard accepted (Visa is not accepted)*.

### MyCoyote Payment Instructions:

- Sign in to your MyCoyote account via the CSUSB home page at <http://www.csusb.edu> (Coyote ID & password required)
- Select SB Make Payments
- Select Pay Fees via eCheck or Credit Card
- Select Make Payment
- Select Program Admissions File Fee
- Select Add to Basket
- Select Checkout and make your payment option

NOTE: A copy of the MyCoyote confirmation page and a complete *Fee Receipt* will need to be submitted with your Program Admission File.

### PERSONAL INFORMATION

Student Identification Number:		
Last Name, First Name, M.I.		
Address, City, State, Zip		
Home Phone:	Work Phone:	Cell Phone:
CSUSB Email Address:		

### SERVICE FEE

Select the SERVICE for which you are applying:
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# SPECIAL EDUCATION INTERN PROGRAM APPLICATION

California State University, San Bernardino

- ☐ Mild/Moderate Disabilities Intern Program  
☐ Early Childhood Special Education Intern Program  
☐ Moderate/Severe Disabilities Intern Program

Date\_\_\_\_\_

How did you hear about this program? \_\_\_\_\_

Name:\_\_\_\_\_ SSN:\_\_\_\_\_ SID:\_\_\_\_\_

Address:\_\_\_\_\_

Street	City	State	Zip Code
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DOB: \_\_\_\_\_ Cell Phone: (    )\_\_\_\_\_

CSUSB Email: \_\_\_\_\_@coyote.csusb.edu Home Phone:(    )\_\_\_\_\_

Personal Email: \_\_\_\_\_ Work Phone:(    )\_\_\_\_\_

## PLEASE ATTACH A COPY OF YOUR COYOTE ONE CARD

**Special Education: List any coursework, experience or fieldwork: (Not required for admission)**


Student Teaching: District \_\_\_\_\_ Grade level(s)\_\_\_\_\_

**Employment History (start with most current):**

Dates	Where	Position

### FOR OFFICE USE ONLY

ESPE 530\_\_\_\_\_ ESPE 531\_\_\_\_\_ ESPE 614\_\_\_\_\_ HD240\_\_\_\_\_ EELB 301\_\_\_\_\_

CBEST\_\_\_\_\_ CSET\_\_\_\_\_ WAIVER\_\_\_\_\_

Credentials Held\_\_\_\_\_

EL Training or CLAD Certificate\_\_\_\_\_

Eligibility letter sent\_\_\_\_\_



## **SPECIAL EDUCATION INTERN PROGRAM APPLICATION**

**Please answer the following questions briefly:**

1. Why do you want to become a teacher of students with disabilities?
  
  
  
  
  
  
  
  
  
  
2. Describe any experiences of any kind in working with/interacting with individuals with disabilities.
  
  
  
  
  
  
  
  
  
  
3. Discuss your interest in working with students with disabilities from culturally and linguistically diverse backgrounds:
  
  
  
  
  
  
  
  
  
  
4. Describe specific teaching techniques and curriculum modifications for pupils with disabilities.

Preferred Grade Level: Pre School\_\_\_\_\_ Elementary\_\_\_\_\_ Middle/Junior High\_\_\_\_\_ High School\_\_\_\_\_

As a part of the internship program, all coursework must be completed in a two-year time period, and as a part of a cohort of the Mild/Moderate, Moderate/Severe, or Early Childhood Special Education Interns. All coursework is primarily at the San Bernardino campus of CSUSB, however, if a course is offered at our Palm Desert campus you may take it there. Check the box below if you accept these conditions.

**[     ] If selected for the Special Education Intern Program I plan to complete all required coursework as a part of a cohort in the two-year timeline.**

**[     ] I understand that this is not an application for admission to the Special Education Program or to California State University, San Bernardino and that I must apply to both the Special Education Program and the University before I can be interviewed for acceptance to the Intern Program and/or receive an Intern Eligibility Letter.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_