Print neatly and clearly.

8/6/08

SAN FRANCISCO STATE UNIVERSITY / COLLEGE OF EDUCATION
PROGRAMS IN SPECIAL EDUCATION & COMMUNICATIVE DISORDERS

CREDENTIAL APPROVED PROGRAM – LEVEL II – EDUCATION SPECIALIST

Name _____ Date _____
Address _____ SFSU ID: _____
_____ Credential Objective: ☐ Education Specialist
_____ Emphasis: _____

E-Mail: _____

Telephone [H] (_____)_____/ [Other] (_____)_____

Date Completion Level I Credential: _____ from _____ College/University

***** Students must apply separately for the award of the Professional Clear Level II Education Specialist Credential. Obtain an application packet from the Credential Services Teacher Preparation Center in BH 244 / 415.405.3594, or http://www.sfsu.edu/~cstpc/.***

Course Prefix & Number	Course Title	Units	Grade	Term Registered	Institution Other than SFSU
SPED 740: 1st semester	Induction Plan Dev. & Implementation	1			
SPED 740: Exit semester	Induction Plan Dev. & Implementation	1			
Documented on Induction Plan Review Record	**Standard 19** – Completed 30 hours of instruction with ELL students (circle "yes" or "no")	YES	NO		
	Technology (ITEC 601), or approved substitution by the Special Education Department)				
	Health (H ED 630 or approved substitution by the Health Education Department; or, contact the Credential Services Teacher Preparation Center, Burk Hall 244, 415/405-3594 for Commission–approved courses)				
	CPR (online course not acceptable. Must cover infant, child, and adult CPR)				

Program substitutions require Advisor approval. _____ Total Postgraduate Units – Level II

Advisor _____ Date _____

Submit CAP form when applying for award of Level II Education Specialist to BH 244.