# Credential Office Evaluation (SABE)

**Name:**

**SSN:**

**Date of Birth:**

**Evaluations:**
- Completed by: ____________________________  Date: ______________
- Completed by: ____________________________  Date: ______________
- Completed by: ____________________________  Date: ______________
- Completed by: ____________________________  Date: ______________
- Recommended for Credential by: _________________  Date: ______________

**Pre-Requisite Requirements**
- **Valid Credential with EL Authorization OR Concurrent Enrollment**
- Evidence of Language Proficiency (CSET)
  - Taken (Date: __________)  Passed (Date: __________)
  - Accredited Bachelor’s Degree
    - Institution: _________________________________  Date: __________  Accr: __________
  - GPA: __________

**Official Transcripts**
- Institution: _________________________________
- Institution: _________________________________

**Letters of Recommendation**
- Name:________________________________________________  Date:__________
- Name:________________________________________________  Date:__________

**Written Statement**

**Performance Aptitude Interview (PAI)**

**Completed Program Coursework**
- EDUC 423
- EDUC 433
- EDUC 405

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This form includes Level 1 privacy data and MUST be treated with Level 1 security.