Program Advisor Review (SABE)

Advisor: ____________________________  Student Name: ____________________________

Date: ____________________________  Subject: Bilingual Education Program

The above named individual has applied for admission to the SABE Program for _____________ (Term) to pursue a Supplementary Authorization in Bilingual Education. Please review the attached admissions materials and indicate your recommendation by completing the lower portion of this form. Return the form and admission materials to the Credential Office as soon as possible. Application materials can also be reviewed through the CalStateApply system.

Pre-Requisite Credential

YES  NO  The applicant possesses/will posses a valid pre-requisite credential prior to enrollment AND the pre-requisite credential includes EL Authorization OR

YES  NO  The applicant has been admitted for concurrent enrollment to the MS  SS  SPED program

YES  NO  Evidence of Language Proficiency (CSET)

Taken (Date:____________)  Passed (Date:____________)

YES  NO  Accredited Bachelor’s Degree

The applicant will possess a regionally accredited bachelor’s degree prior to admission.

YES  NO  Letter(s) of Rec

The applicant has submitted a letter of recommendation that supports the candidate’s professional aptitude for teaching.

YES  NO  Interview

The applicant has been interviewed OR submitted a video testimonial (as required and determined by the program) and demonstrates sufficient professional aptitude for initial admission to the program.

YES  NO  GPA: _______________

The applicant’s GPA is at least a 2.75 in the last 90 quarter units, or a 2.67 overall.

RECOMMENDATION:

☐ Applicant should be admitted based on a GPA that is equal or greater than the admission GPA.

☐ Applicant should be admitted, although admission GPA is below 2.75 in last 90 units, or 2.67 overall.

☐ Applicant should be conditionally admitted, subject to the following conditions: ____________________________

__________________________________________________________________________________________________________

☐ Applicant should be denied admission, for the following reasons: ____________________________

__________________________________________________________________________________________________________

Signature of SABE Coordinator: ____________________________