

## Credential Office Evaluation (SPED)

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 Coursework

Notes:

- ☐ EDUC 300 – Early Field Experience
- ☐ EDUC 427 – 1<sup>st</sup> and 2<sup>nd</sup> Language Acquisition
- ☐ EDUC 440 – Special Education Foundations

### ☐ Accredited Bachelor's Degree

Institution: \_\_\_\_\_ Date: \_\_\_\_\_ Accr: \_\_\_\_\_

☐ GPA: \_\_\_\_\_

### ☐ Official Transcripts

Institution: \_\_\_\_\_

Institution: \_\_\_\_\_

### ☐ Letters of Recommendation

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

### ☐ Certificate of Clearance

### ☐ Basic Skills Requirement (CBEST)

Taken (Date: \_\_\_\_\_) ☐ Passed (Date: \_\_\_\_\_)

### ☐ Subject Matter Preparation (CSET)

Taken (Date: \_\_\_\_\_) ☐ Passed (Date: \_\_\_\_\_) OR

Completed Approved SMPP: \_\_\_\_\_ Date: \_\_\_\_\_

### ☐ Reading Instruction Competence (RICA)

### Health Screenings

☐ TB ☐ Rubella

### ☐ Writing Requirement

### ☐ Speech Requirement

### ☐ Health Education Requirement

### ☐ U.S. Constitution Requirement

### ☐ CPR Certification

### ☐ CTQ Exit Survey Completion

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