

NOTICE OF SPECIAL EDUCATION LICENSURE OPTION

This form is to be used to notify the Nevada Department of Education (NDE) of any teacher assigned to a special education unit who does not have a license or endorsement to teach in the area of disability represented by the majority of students in the unit. The form should be sent by October 15 or if hired after that date, no later than 30 days following the employee's first day of teaching.

Please note: No licensure option will be applied retroactively – this form must be completed within required timelines. Teachers assigned to a special education unit in accordance with this provision must hold a teacher's elementary, secondary or special license and must have completed at least six semester hours of the courses prescribed for the credential. Teachers teaching special education under the special education licensure option are determined to be participating in an Alternative Route to Certification (ARC). These teachers must complete a program of preparation leading to a license in the field of special education corresponding to their assignment within three years after beginning to teach special education students.

In accordance with those criteria established through the No Child Left Behind Act (NCLB) and clarified for special education teachers through the Individuals with Disabilities Education Act (IDEA-04), new standards exist for teachers who are participating in Alternative Routes to Certification (ARC). **Accordingly, in order to maintain his or her status under the licensure option, a teacher approved for this ARC must:**

- (1) Receive high-quality professional development that is sustained, intensive and classroom-focused in order to have a positive and lasting impact on classroom instruction, before and while teaching;
- (2) Participate in a program of intensive supervision that consists of structured guidance and regular ongoing support for teachers or a teacher mentoring program;
- (3) Assume functions as a teacher only for a specified period of time not to exceed three years; and
- (4) Demonstrate satisfactory progress toward full certification as prescribed by the State.

In order to ensure that these criteria are met, all teachers participating in this alternative route must submit an individualized professional development plan to the school district no later than October 15 of the year in which the teacher is approved for this ARC, or within 30 days of the teacher's first day of teaching, if hired after October 15. An expectation exists that all ARC teachers earn a minimum number of credits per year, beginning with the year in which this form is initially submitted for a given teacher. The number of credits to be earned each year should be reflected in the teachers' individualized professional development plan and should result in attainment of all required coursework within three years.

Each teacher's plan must specify what coursework the teacher will take, the institution from which the credits will be earned and when the course will be completed. Additionally, the district must address within each teacher's plan how it will ensure that the teacher's professional development is sustained, intensive, and classroom-focused; and that the teacher receives intensive supervision that consists of structured guidance and regular ongoing support for teachers or a teacher mentoring program. A template for these criteria is provided on page 4.

The NDE anticipates all teachers participating in this alternative route to make progress each year, resulting in full certification within three years. In order to meet the requirements specified above, the NDE recommends that districts monitor each individual's progress toward completion of the three-year plan and work with teachers to revise plans if needed, to ensure that all required coursework is completed within required timelines.

Alternative Route to Certification – Licensure Option Notice Form

SCHOOL DISTRICT _____

SCHOOL _____ DATE _____

DISTRICT OFFICIAL PROVIDING NOTICE _____

TEACHER'S NAME _____ S.S. # _____

TEACHER'S HIGHEST COLLEGE DEGREE _____ MAJOR _____

CREDIT HOURS EARNED IN SP. ED. COURSEWORK: _____ Semester Hrs. _____ Quarter Hrs.

(MINIMUM OF 6 SEMESTER HOURS UNDERGRADUATE AND GRADUATE REQUIRED FOR ALL LICENSURE OPTIONS EXCEPT AUTISM. AUTISM LICENSURE OPTION REQUIRES THE INDIVIDUAL TO HOLD ONE OF THE SPECIAL EDUCATION LICENSES LISTED ON PAGE 2)

DATE TEACHER BEGAN SPEC. ED. ASSIGNMENT _____ / _____ / _____
Month Date Year

TEACHING ASSIGNMENT (check all appropriate boxes):

Grade Level: _____ Type of Assignment: _____

- | | |
|--|---|
| <input type="checkbox"/> Early Childhood | <input type="checkbox"/> Resource |
| <input type="checkbox"/> Elementary | <input type="checkbox"/> Self-contained |
| <input type="checkbox"/> Secondary | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Other _____ | |

Disability represented by the majority of students assigned to this teacher's unit:-

- | | |
|--|--|
| <input type="checkbox"/> Adapted Physical Education | <input type="checkbox"/> Learning Disabilities |
| <input type="checkbox"/> Orthopedically Impaired | <input type="checkbox"/> Combination of mild to moderate Emotional Disturbance, Learning Disabilities and Mental Retardation |
| <input type="checkbox"/> Early Childhood-Special Education | <input type="checkbox"/> Autism |
| <input type="checkbox"/> Mental Retardation | |
| <input type="checkbox"/> Seriously Emotionally Disturbed | |

License (Certification) currently held by the teacher assigned to the unit:

- | | |
|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Elementary | <input type="checkbox"/> Secondary |
|-------------------------------------|------------------------------------|

Special certificate with the following endorsement(s) currently held:

- | | |
|--|--|
| <input type="checkbox"/> Generalist | <input type="checkbox"/> Mental Retardation |
| <input type="checkbox"/> Limited Generalist | <input type="checkbox"/> Early Childhood Special Education |
| <input type="checkbox"/> Hearing Impairments | <input type="checkbox"/> Adapted Physical Education |
| <input type="checkbox"/> Seriously Emotionally Disturbed | <input type="checkbox"/> Speech and Language Impairments |
| <input type="checkbox"/> Specific Learning Disabilities | <input type="checkbox"/> Visual Impairments |
| <input type="checkbox"/> Orthopedic Impairments | <input type="checkbox"/> Health Impairments |
| <input type="checkbox"/> Traumatic Brain Injury | |
| <input type="checkbox"/> Other _____ | |

**Alternative Route to Certification – Licensure Option
Assurance of Participation in Program or Set of Coursework**

All teachers approved for this Alternative Route to Certification (i.e. licensure option) must either be currently enrolled in a program or set of courses that will lead to the attainment of licensure within three years, or begin such a program or set of courses within the same academic year that the teacher begins this alternative route.

Is this teacher already enrolled in such a program or set of coursework?

Yes - Date enrolled: _____

University or College: _____

No - Date teacher will begin program or set of coursework: _____

University or College: _____

Coursework completed to date:

University	Course Name	Credit/ Hours	Date Completed

Alternative Route to Certification – Licensure Option Three Year Individualized Professional Development Plan

As specified above, each teacher participating in this alternative route to certification must complete all required coursework within three years of initial notice. In the box below, please indicate the teacher’s planned course of study for each of the three years. Remember that the district is responsible for annually reviewing the teacher’s progress towards completion of this plan, and for working with the teacher to revise the plan as necessary.

University	Course Name	Credit/Hours	Anticipated Completion Date

As mandated under federal law, an alternative route to certification must ensure that the teacher’s professional development is sustained, intensive, and classroom-focused and that the teacher receives intensive supervision that consists of structured guidance and regular ongoing support for teachers or a teacher mentoring program.

Please specify how the district will ensure that:

<p>The teacher’s professional development is sustained, intensive, and classroom-focused</p> <p>All courses will be obtained from an accredited institution of higher education.</p>	<p>The teacher receives intensive supervision, with structured guidance & regular ongoing support or a teacher mentoring program</p> <p>Site administrators will:</p> <ul style="list-style-type: none"> • ensure Special Education Option Program is adhered to (per Teacher Master Contract) • report teacher’s progress of coursework to Human Resources Manager and the Director of Special Education Support Services by June 1 and January 31 of each year
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ADDENDUM TO EMPLOYMENT AGREEMENT

As a condition to my employment and/or continued employment with the Nye County School District ("NCS D"), I, **Teacher**, agree to participate in the Special Education Option Program ("SEOP"), as a teacher at **Any** School:

In so doing, I agree to the following terms:

1. To complete a minimum of six (6) college or university credit hours per calendar year in the specialty area of Special Education for which I have been hired by the NCS D, and to submit my official transcript or other means of acceptable proof of having obtained such credits prior to the end of each school year to the NCS D personnel department; and
2. That during the three (3) year period in which I am on the SEOP program, or until I receive the necessary Special Education Endorsement (**K-12 Generalist**), I will not be eligible to transfer to another position or school within the NCS D without the approval of the NCS D Superintendent, unless so directed to transfer by the NCS D; and
3. That NCS D determines whether my employment shall be continued if I fail to satisfy the requirements of the SEOP program on an annual basis, or within the three (3) year period of the SEOP program; and
4. That any of the provisions of NRS Chapter 391 and the Master Agreement between the NCS D and the Nye County Classroom Teachers Association ("NCCTA") which conflict with the terms of this Addendum are hereby knowingly and voluntarily waived by me during the period of time this Addendum is in effect.

Teacher

SEOP Candidate (Print Name)

Signature

Date

Administrator

Site Principal (Print Name)

Signature

Date

Sam Simatos

Director of Special Education
Support Services

Signature

Date

Kyle Lindberg

Human Resources Director

Signature

Date