



**Employment Information**

Name of District/Agency: \_\_\_\_\_

School/Site Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Telephone: (\_\_\_\_) \_\_\_\_\_

Present Position and Title: \_\_\_\_\_

Length of time in present position with Level I Credential: \_\_\_\_\_

**1. Current Valid California Teaching Credential(s):**

<u>Credential</u>	<u>Expiration Date</u>	<u>Institution</u>
<input type="checkbox"/> Preliminary Level I Education Specialist	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____

**2. Have you previously applied for admission to an SSU Credential Program?**

- \_\_\_ No \_\_\_ Yes
- If yes, for which program? \_\_\_\_\_
  - Semester applied: \_\_\_\_\_
  - Date Completed: \_\_\_\_\_

**3. List all colleges/universities you attended for undergraduate or graduate degrees. Please indicate the dates of attendance and degree (s) earned if applicable. If you did not complete your Level I credential at Sonoma State University, you will need to provide two (2) copies of transcripts listed below.**

<u>Institution</u>	<u>Dates Attended</u>	<u>Degree</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**4. Have you taken Level II coursework at another University?**

\_\_\_No \_\_\_Yes

If yes, which University: \_\_\_\_\_

Course Title/Date/Units: \_\_\_\_\_

Course Title/Date/Units: \_\_\_\_\_

Course Title/Date/Units: \_\_\_\_\_

I understand that it is my responsibility to submit all required materials and documents directly to the School of Education Credentials/Admissions Office by the established deadlines dates, regardless of where else on campus they may have previously been sent. I understand that I must apply separately to the university via the Admissions and Records Office. I understand that admission to the program does not guarantee recommendation to the California Commission on Teacher Credentialing for a teaching credential. To the best of my knowledge, all information herein and in materials associated with this application is true and correct.

I have read and understand my responsibilities as noted above.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**COMPLETE AND RETURN TO:**  
**School of Education Credentials Office**  
**Stevenson Hall 1078**  
**Sonoma State University**  
**1801 East Cotati Avenue**  
**Rohnert Park, CA 94928**



School of Education



## Professional Goals Statement

Professional Level II Education Specialist Credential Program

(Please type on separate sheet of paper)

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

Program Emphasis (please indicate): \_\_\_\_\_ Mild/Moderate \_\_\_\_\_ Moderate/Severe

The mission of Sonoma State University's programs in special education is the advancement of excellence within the special education profession. Central to this mission is the crafting of preparation programs that reflect best practice, empirical support, as well as values founded in respect for the humanity, educational progress, and improved lives of learners with special needs. The core values of our program center upon educational and social success as dynamic contributors to the quality of lives for learners with special needs and their families. In all, we seek to prepare special educators who provide effective education, respect, and individualization for learners with special needs and who are committed to ongoing professional growth in their careers as reflective practitioners of their craft.

Given this mission, please indicate why you are interested in applying to the Professional Level II Education Specialist Credential Program at Sonoma State University. Include in your response how you envision the Level II program might contribute to your ongoing professional growth as a special educator. Please limit your response to two (2) double-spaced typewritten pages.



## *School of Education*

Dear Support Provider:

\_\_\_\_\_ is an applicant for the Level II Education Specialist Credential Program at Sonoma State University. An important initial requirement for entering this program is that the employing educational agency must assign a Support Provider to the new special education teacher. Your district/agency has selected you as a Support Provider to assist with activities that will facilitate the professional development and effective performance of the above-mentioned candidate. The purpose of this letter is to inform you about your role.

Formally, the assigned Support Provider must (1) hold a current teaching credential authorizing them to teach in the area covered in the candidate's classroom (2) must have at least two years of successful teaching experience, and (3) a willingness to collaborate with both the candidate and University faculty. Your selection as a Support Provider was based upon your professional experience, coaching skills, and knowledge of the profession, as well as your ability to provide for the individual needs of the candidate.

Initially, the candidate will be developing a Professional Induction Plan. This plan serves as the foundation of his/her ongoing professional development, which includes both University based activities (coursework) as well as professional development activities offered by the district or individually pursued by the candidate. As the candidate progresses through the Level II program, he/she will craft Applied Field Projects (AFP's) focusing on a variety of topics related to his/her professional development in Special Education.

Your primary role as a Support Provider is to mentor the candidate in ways that encourage reflection, build trust, and facilitate professional growth and development during the candidate's participation in the Level II program. To this end, periodic meetings with the candidate to initially review his/her Professional Induction Plan and subsequent Applied Field Projects should be coordinated. In addition, University faculty may also contact you and the candidate to discuss his/her progress in the Level II program. Contact will be open and collegial in nature and your input is a valued component of this process.

Your assignment as a Support Provider must be agreed to by the employing district, Support Provider, University faculty advisor, and candidate. The attached form must be completed in order for the candidate to be formally admitted to the Level II program at Sonoma State University

Thank you for your willingness to support a colleague in pursuit of his/her Professional Clear Credential. Please do not hesitate to contact me if you have any questions.

Sincerely,  
Emiliano C. Ayala, Ph.D.  
Assistant Professor-Level II Advisor  
(707) 664-3490 or [emiliano.ayala@sonoma.edu](mailto:emiliano.ayala@sonoma.edu)



## School of Education

### *Verification of Employment as an Education Specialist & Assignment of Support Provider*

Applicant's Full Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

The applicant listed above is in the process of applying to the Professional Level II Education Specialist Credential Program at Sonoma State University. Prior to admittance, the following requirements must be met:

#### 1. Verification of employment as an Education Specialist (Special Education Teacher)

Please verify his/her employment status with your agency.

Title of Education Specialist Position: \_\_\_\_\_

Date of Initial Employment with Level I Credential (mm/dd/yyyy): \_\_\_\_\_

County of Employment: \_\_\_\_\_

Name of Employing Agency: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Name and Position of Immediate Supervisor: \_\_\_\_\_

\_\_\_\_\_  
Signature of School/Agency Official

\_\_\_\_\_  
Printed Name of School/Agency Official

\_\_\_\_\_  
Date

#### 2. Assignment of Field Mentor/Support Provider

In order to enter the Level II program, the employing educational agency must assign a *Support Provider* to the applicant given his/her recent employment as a special education teacher. The support provider will assist the beginning teacher with activities that facilitate his/her professional development and effective performance. The support provider must be selected based upon her/his professional experience, coaching skills, knowledge of the profession and related credentials, as well as her/his ability to provide for the individual needs of the applicant. The applicant's employer should review the required competencies included with the attached letter and select a Support Provider who meets the criteria and is capable of providing support.

#### ***Field Mentor/Support Provider***

Name: \_\_\_\_\_ School/Location \_\_\_\_\_

Job Title: \_\_\_\_\_

Credentials Held: \_\_\_\_\_