Supervisory I Certificate  
Special Education  
Checklist

APPLICANT’S NAME ___________________________  PSU ID# ___________________________
ADDRESS ___________________________________  PHONE ___________________________

EMPLOYING INSTITUTION:
Name ____________________________________________
Address __________________________________________

APPLICANT’S PRESENT POSITION ________________________________

In addition to the application information you have completed directly on line, the following four items must be mailed directly to:

Office of Certification and Education Services  
The Pennsylvania State University  
228 Chambers Building  
University Park, PA 16802

( ) 1. A copy of a valid Pennsylvania Level I or Level II teaching certificate in any area of Special Education (including Speech Pathology, Mentally and Physically Handicapped, Visual Impairment, or Hearing Impairment) or you must obtain one on the basis of reciprocity with another state.

( ) 2. Verification of three years certified professional experience to enter the program but a total of five years experience are required for the Supervisory I certificate. Mail completed Affidavit of Experience form with application materials. (See attached form).

( ) 3. Official transcripts for academic work leading to the Baccalaureate degree and any Post-Baccalaureate and graduate level credits.

( ) 4. Signed copy of this form
Recommendation Report

Applicant's Name ____________________________________________

The above named person is applying for admission to the Master's/Doctoral (circle one) program in Special Education at Penn State. Your comments about the applicant's abilities and attributes will assist the Admission's Committee in its deliberations. Thank you.

Your Name: Title: ________________________________
Your Organization: ____________________________________________
Your Relationship to Applicant: ____________________________ Length of Relationship: ______

Please rate the applicant on the following attributes:

<table>
<thead>
<tr>
<th>Attribute</th>
<th>Below Average</th>
<th>Satisfactory</th>
<th>Above Average</th>
<th>Excellent</th>
<th>Inadequate Opportunity To Observe</th>
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</thead>
<tbody>
<tr>
<td>Teaching Skills</td>
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<td>Motivation for Academic Work</td>
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<td>Scholarly Ability</td>
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<td>Problem solving</td>
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<td>Leadership</td>
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<td>Written Expression</td>
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<tr>
<td>Spoken Expression</td>
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<td>Listening Skills</td>
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<td>Dependability / responsibility</td>
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<td>Independence</td>
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<td>Emotional Stability</td>
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<td>Interaction with Peers</td>
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</table>

Circle the group are you comparing the applicant to (e.g. undergraduate students, graduate students, 1st year teachers)? Other: __________________________

In the space below, please provide comments about the applicant's, activities, achievements, strengths and weaknesses that may provide a more complete picture of the applicant's potential as a graduate student. (Please use the back side for additional space.)

____________________________________________________________________________

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Signature: ________________________________________________
VERIFICATION OF EXPERIENCE FORM PDE 338 V
Use one form for each employer
See Instructions on back of this form

APPLICANTS: Please note the following information in regard to your Social Security Account Number (SSAN)
DATA REQUIRED BY THE FEDERAL PRIVACY ACT (5 U.S.C. Section 552a note)
AUTHORITY: 24 P.S. Section 1224.
PRINCIPAL PURPOSE(S): To be used for registration and maintenance of records of all certificated persons as having met qualifications
for teaching.
ROUTINE USES: Used by the Pennsylvania Department of Education for the (1) evaluation, registration, and maintenance of certification
records, (2) identification and collection of criminal/disciplinary records for certified educators and candidates for certification, and (3)
provision of certification data to authorized personnel and agencies.
DISCLOSURE: Mandatory. Withholding requested SSAN will result in denial of a candidate's application for certification.

PART A: APPLICANT

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
<th>Social Security Number</th>
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</thead>
</table>

PART B: SCHOOL DISTRICT OFFICIAL

Professional Educator Experience
(to be completed by employer)

<table>
<thead>
<tr>
<th>Name of School District or Institution</th>
<th>Beginning Date of Service (month, day, year)</th>
<th>Ending Date of Service (month, day, year)</th>
<th>Total Hours Worked per Week</th>
<th>Position Held (e.g. Teacher, Counselor, Supervisor, Principal, Superintendent)</th>
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<tr>
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<td>☐ full time</td>
<td>If Teacher, indicate subject and grade</td>
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<td></td>
<td></td>
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<td>☐ part time</td>
<td></td>
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</tbody>
</table>

☐ Public
☐ Private

I verify that this record omits leave of absence periods and that all information is complete
and correct according to the official records of the designated school district or institution.

____________________________________ __________________        ______________
Signature of Superintendent or Designee    Title               Date

_______________________________ ________________________ _____________
School Address           City, State & Zip Code            Phone Number

PENNSYLVANIA DEPARTMENT OF EDUCATION

PDE 338 V (Revised 5/01)
INSTRUCTIONS FOR VERIFICATION OF EXPERIENCE
FORM PDE 338 V

Candidates for Supervisory, Administrative or Letter of Eligibility certificates must submit this Verification of Experience form. Candidates for Instructional and Educational Specialist certificates should include any previous professional experience.

APPLICANT

1. Complete PART A by printing in capital letters with dark blue or black ink your Last Name, First Name, Middle Initial, and entering your Social Security Number.

2. Send a separate copy of this form to each present or former employer. You may photocopy this form as needed.

3. After this form is completed by each employer and returned to you, check the information for completeness before adding it to your packet.

   NOTE: Beginning and Ending Dates must include month, day and year, and employers must provide their Signature, Title, School Address and Telephone Number.

EMPLOYER

Complete PART B using dark blue or black ink.

1. All requested information must be supplied. Please note that Beginning and Ending Dates must include month, day and year.

2. If the employee was a teacher, please indicate the grade levels and/or academic subjects taught. Otherwise indicate title (e.g. counselor, supervisor, principal).

3. Sign the application and print your Title and the Date.

4. Print the School Address and your office Telephone Number.

5. Return the form to the applicant, NOT to the Bureau of Teacher Certification and Preparation.
Program Requirements checklist to be completed by advisor

1. **Admission Requirements**
   - Employed as a teacher for at least three years. 
   - Level I certificate as a special education teacher and eligibility for a Level II certificate.  
   - Acceptance as a candidate for the supervisory certificate by the SPLED faculty on the basis of documented evidence of potential leadership in the field of Special Education.  
   - Completed Application materials from World Campus Website

2. **Retention Requirements**
   - Cumulative grade point average of at least 3.0.

3. **Program Requirements (15 Credits)**
   - Special Education Requirements  
     - SPLED (400 or 500 level) (grade)  
     - SPLED 597 (grade)  
     - SPLED 595C (grade)
   - General Supervisory Requirements  
     - SPLED (400 or 500 level) (grade)  
     - EDLDR 560 (grade)

Note: Coursework completed at an accredited college or university other than Penn State may be applied to the Supervisory I Certification. However, no student may be recommended for the Certificate with fewer than 12 credits of applicable coursework from Penn State's program.

4. **Exit Requirements**
   - Praxis Examination Number 10410-Education Leadership: Administration and Supervision  
   - Completion of all supervisory certificate program requirements above  
   - Completion of five years of experience required for supervisory certification.

Meet these competencies:
   - Select appropriate instructional modifications based on student characteristics.  
   - Identify and apply communication and counseling skills in supervisory situations.  
   - Describe current practices in funding patterns in special education.  
   - Increase competence in knowledge of laws and legislation as well as ability to communicate the basic principals to parents and teachers.  
   - Extend knowledge in area(s) to be supervised.  
   - Increase competence in knowledge of research and new developments in education and treatment of exceptional children.  
   - Demonstrate ability to create a client-centered social-emotional climate in a post-observation feedback session with the teacher supervised.  
   - Demonstrate ability to identify social dynamics in school-based situations.  
   - Increased competence in using positive and appropriate management techniques when supervising teachers.  
   - Demonstrate ability to supervise teachers using a child-centered focus.

I acknowledge receipt of the program checklist:

Signature __________________________________________ Date __________________________