



EARLY CHILDHOOD SPECIAL EDUCATION ENDORSEMENT

SFN 58892 (05-17)

ND Educator's Professional License Number

--	--	--	--	--	--	--	--	--

or

Social Security Number (no dashes)

--	--	--	--	--	--	--	--	--

Last Name, First Name, MI				Maiden Name			
Address							
City			State		Zip Code (9-digit)		
Home Telephone Number		Work Telephone Number		Date of Birth		Email Address	
High School Attended		High School Graduated (Year)		High School Graduated (City)		High School Graduated (State)	

Prerequisite:	Valid North Dakota educator's professional license in early childhood or elementary education.
Plan on File Prerequisites:	1) Letter from your administrator requesting this endorsement along with the name of your special education mentor. 2) Transcript documenting three semester hours (SH) of special education coursework. 3) Documentation of enrollment in an institution of higher education for two additional courses specific to early childhood special education, regardless of how many hours already transcribed in special education.
Plan on File Timeline:	This endorsement must be completed within three years of assignment to teach early childhood special education. A transcript review will be done annually to document your progress toward completion of this endorsement.
Fees:	\$75

Early Childhood Special Education Program of Study

22 semester hours of transcribed core coursework primarily at the graduate level from approved teacher education program.		
Coursework	Completed (SH)	Needed (SH)
Children with exceptional learning needs		
Assessment of students with disabilities/special needs or		
Assessment of young children		
Behavior management of students with disabilities		
Legal aspects of special education		
Consultation and collaboration		
Characteristics/introduction of young children with disabilities		
Methods and materials of young children with disabilities		
Development of young children including domains of social and emotional cognition, language and literacy, and physical and adaptive		
2 SH practicum/internship in early childhood special education		
	Total SH	Total SH
Documentation of enrollment in coursework for two additional early childhood special education courses (see Plan on File Prerequisite 3 above)		
Administrator letter (see Plan on File Prerequisite 1 above)		
Name of Mentor (see Plan on File Prerequisite 1 above)		

Signature of Applicant	Date
ESPB Approval	Date

Submit completed form and \$75 fee to:

Education Standards and Practices Board
2718 Gateway Ave, Suite 204
Bismarck ND 58503-0585
(701) 328-9641 office
(701) 328-9647 fax



Payment/Credit Card Information

Type of Payment ☐ Visa ☐ MasterCard ☐ Check		Amount \$																													
Name as it appears on credit card																															
<u>Credit Card Number</u> <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																			<u>Expiration Date</u> <table border="1"><tr><td></td><td></td><td></td><td></td></tr><tr><td>m</td><td>m</td><td>y</td><td>y</td></tr></table>					m	m	y	y	<u>3 digit CVV</u> <table border="1"><tr><td></td><td></td><td></td></tr></table>			
m	m	y	y																												
Billing Address of credit card (if different than the mailing address) Address: _____ City _____ State _____ Zip Code _____																															

This documentation will be destroyed upon completion of processing.