



## CURRICULUM CONTRACT

### Professional Certificate for Director of Special Education (KDS1)

### RANK I and Director of Special Education Level I Certification (WKU# 121 EPSB# 3074)

**This program does not lead to a degree.**

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Last,	First	Middle	WKU ID Number
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Street	Home Phone Number
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City	State	Zip Code	E-mail Address
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Specific degree and certification requirements with advisement sheets attached.

### WESTERN KENTUCKY UNIVERSITY -- CURRICULUM CONTRACT

Professional Certificate for Director of Special Education	
<b>Level I and Rank I</b>	<b>30 hrs</b>
<b>(eligible for Rank I upon completion, KDS1 after passing SLLA)</b>	
EDAD 602 Introduction to School Leadership	3
EDAD 603 School Law and Policy	3
EDAD 604 Creating a Culture of Achievement Select one of the following:	3
EDAD 605 Leading a Community of Learners	3
SPED 532 Families, Professionals, and Exceptionalities	3
EDAD 606 Leading Learning Systems	3
EDAD 610 Clinical Experiences in the Principalship	3
EDAD 686 Principles of Supervision	3
SPED 501 Applied Behavior Analysis	3
SPED/EDAD 625 Practicum in the Administration of Special Education	3
SPED/EDAD 630 Special Education Law and Finance	3

**Delineation of Program Transition Points –**

**Director of Special Education Rank I and Level I**

Transition I: Admission to Program			
Data Reviewed	Minimal Criteria for Admission	Review Cycle	Reviewed by
<ul style="list-style-type: none"> <li>Admission Application</li> <li>Transcript Record</li> <li>GPA</li> <li>Degrees</li> <li>Teaching Certificate in Special Education or School Psychologist</li> </ul>	<ul style="list-style-type: none"> <li>Completed admission application including the following:                         <ul style="list-style-type: none"> <li>KY Code of Ethics</li> </ul> </li> <li>Master’s Degree or Rank 2</li> <li>Professional teaching certificate in Special Education or School Psychologist</li> <li>Three years teaching experience</li> <li>3.0 or higher GPA</li> </ul>	Fall, Spring, and Summer	<ul style="list-style-type: none"> <li>Graduate Studies and Research</li> <li>Department Faculty</li> </ul>
Transition 2: Midpoint Formative Assessments			
<ul style="list-style-type: none"> <li>Key assessments for 603, 604, and 605</li> <li>GPA</li> <li>All Dispositions</li> <li>All key Clinical Experiences</li> <li>3.0+/PASS for all required</li> </ul>	<ul style="list-style-type: none"> <li>602</li> <li>3.0+ GPA Each semester</li> <li>Department Satisfactory performance toward PSEL standards</li> <li>dispositions averaged “At Standard” or above</li> <li>assessments scored at 3 or above</li> <li>Professional 3.0+/PASS for clinical experiences</li> <li>Educator courses</li> </ul>	faculty Office of Services	Transcripts
Transition 3: Program Completion			
<ul style="list-style-type: none"> <li>GPA</li> <li>Dispositions Scores</li> <li>Key Assessment Scores</li> <li>Clinical Experiences</li> <li>Transcript</li> </ul>	<ul style="list-style-type: none"> <li>3.0+ GPA</li> <li>Satisfactory performance toward PSEL standards</li> <li>All dispositions averaged “At Standard” or above</li> <li>All Key Assessments scored at 3 or above</li> <li>3.0+/PASS for clinical experiences</li> <li>3.0+/PASS for all required courses</li> </ul>	Each semester	<ul style="list-style-type: none"> <li>Department faculty</li> <li>Office of Professional Educator Services</li> </ul>

**Recommendation for Certification:**

- Candidates must complete all Level I program requirements, including the 30 hours of coursework, to be recommended for Rank I.
- Candidates must complete all Level I program requirements, including the 30 hours of coursework, and pass the appropriate SLLA exam to be recommended for Rank I and Level 1 Certification (KDS1).

**EPSB Disclaimer:** Certification requirements are subject to change. Before registering for the test(s), please refer to the Education Professional Standards Board (EPSB) website at [www.epsb.ky.gov](http://www.epsb.ky.gov) for current requirements or contact the EPSB at 502-564-4606 or toll free 888-598-7667.

By signing below, the candidate ensures that he or she has been advised of, understands, and agrees to adhere to all program requirements, including assessment requirements, of the program.

**Candidate Name (printed):**

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**Education Advisor’s Signature/Date:**

\_\_\_\_\_

Signature Date

**Candidate Signature/Date:**

**Specialization Advisor’s Signature/Date (if needed):**

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\_\_\_\_\_ Signature

Date Signature Date

**\*\*END OF CURRICULUM CONTRACT\*\***