



VISUALLY IMPAIRED SPECIAL EDUCATION ENDORSEMENT

NORTH DAKOTA EDUCATION STANDARDS AND PRACTICES BOARD

SFN 58902 (07-2010)

Educator's Professional License Number

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or

Social Security Number (do not use dashes)

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|------------------------|-----------------------|---------------------------|--------------------|
| Name (Last, First, 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 City Attended | State |

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|------------------------------------|--|
| Prerequisite: | Valid North Dakota educator's professional license in early childhood, elementary, middle, or secondary education. |
| Plan on file prerequisites: | <ol style="list-style-type: none"> 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 visual impairment, 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 visual impairment special education. A transcript review will be done annually to document your progress toward completion of this endorsement. |
| Fees: | \$75 fee if adding this endorsement between license renewal periods. There is no additional fee to add this endorsement at license renewal time. |

Visually Impaired Program of Study

| 22 SH of transcribed coursework at the undergraduate or graduate level from an approved teacher education program. | | |
|---|-----------------|-----------------|
| Coursework | Completed (SH) | Needed (SH) |
| Exceptional children and youth | | |
| Assessment of students with disabilities | | |
| Behavior management of students with disabilities | | |
| Legal aspects of special education | | |
| Consultation and collaboration | | |
| Characteristics/introduction of visual impairment disabilities | | |
| Methods and materials of visual impairment disabilities | | |
| Assessment of students with visual impairment | | |
| Orientation and mobility | | |
| Communication/media with visual impairment students | | |
| Braille instruction | | |
| 2 SH practicum/internship in visual impairment | | |
| | Total SH | Total SH |
| Documentation of enrollment in coursework for two additional visual impairment 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 |
|-------------------------------|-------------|

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| ESPB Review | Date |
| Executive Director, ESPB | Date |

| | | |
|--------------|---------------------|----------------------|
| License Code | Type of Equivalency | Level of Preparation |
| 19045 | 23 | 07 |

Submit completed form and \$75 fee to: Education Standards and Practices Board
2718 Gateway Ave, Suite 303
Bismarck ND 58503-0585
(701) 328-9641 office
(701) 328-9647 fax

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to North Dakota Century Code (NDCC) 43-50-02. The individual's social security number is used by the Education Standards and Practices Board (ESPB) as an identification number for file control purposes, background checks, and recordkeeping. ESPB does not advocate, permit, nor practice discrimination on the basis of sex, race, color, national origin, religion, age or disability as required by various state and federal laws.

Payment/Credit Card Information

This documentation will be destroyed upon completion of processing.

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|---|-----------------|---|
| Type of Payment <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Check | | Amount \$ |
| Name as it appears on credit card | | |
| Credit Card Number | Expiration Date | 3 digit CVV number (on back of card) |