

BEHAVIOR INTERVENTION SPECIALIST SPECIAL EDUCATION ENDORSEMENT

Program of Study

(09-20)



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

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 specific learning disabilities, 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 specific learning disabilities special education. A transcript review will be done annually to document your progress toward completion of this endorsement.
Fees:	\$75

Behavior Intervention Specialist Program of Study

15 SH of transcribed core coursework (or equivalent) primarily from an approved teacher education program.		
Coursework	Completed (SH)	Needed (SH)
Individual education plans birth to transition		
Legal aspects of special education		
Academic assessment/measurement of students with disabilities		
Behavior management of students with disabilities		
Consultation and collaboration		
Behavior Intervention Core		
15 SH of transcribed coursework (or equivalent) from an approved educator preparation program		
Concepts and principles of behavior support and programming		
Methods and applications of behavior support and programming		
Behavior assessment and measurement		
Behavior ethics, leadership, and supervision		
2 SH practicum/internship		
	Total SH	Total SH
Signature of Applicant	Date	
ESPB Approval:	Date	

Submit completed form and \$80 fee to: Education Standards and Practices Board
 2718 Gateway Avenue Suite 204
 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

Type of Payment <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Check			Amount \$ _____
Name as it appears on credit card _____			
<u>Credit Card Number</u> <div style="border: 1px solid black; display: flex; justify-content: space-between; height: 25px; width: 100%; margin-top: 5px;"> </div>		<u>Expiration Date</u> <div style="border: 1px solid black; display: flex; justify-content: space-between; height: 25px; width: 100%; margin-top: 5px;"> </div> <div style="text-align: center; margin-top: 5px;"> m m y y </div>	<u>3 digit CVV</u> <div style="border: 1px solid black; display: flex; justify-content: space-between; height: 25px; width: 100%; margin-top: 5px;"> </div>
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.