



SPECIFIC LEARNING DISABILITIES ENDORSEMENT
SFN 58900 (05-17)

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

Specific Learning Disabilities Program of Study

24 SH of transcribed core coursework primarily at the 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 specific learning disabilities		
Methods and materials of specific learning disabilities		
Transition		
Inclusive settings		
Corrective reading methods		
Assistive technology		
2 SH practicum/internship in specific learning disabilities		
Secondary only: Elementary reading methods		
Secondary only: Elementary math methods		
	Total SH	Total SH
Documentation of enrollment in coursework for two additional specific learning disabilities 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 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>	<u>Expiration Date</u>	<u>3 digit CVV</u>																															
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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.