



**VISUALLY IMPAIRED SPECIAL EDUCATION ENDORSEMENT**  
SFN 58902 (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

<b>Prerequisite:</b>	Valid North Dakota educator's professional license in early childhood, elementary, middle, or secondary education.
<b>Plan on file prerequisites:</b>	<ol style="list-style-type: none"> <li>1) Letter from your administrator requesting this endorsement along with the name of your special education mentor.</li> <li>2) Transcript documenting three semester hours (SH) of special education coursework.</li> <li>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.</li> </ol>
<b>Plan on file timeline:</b>	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.
<b>Fees:</b>	<b>\$75</b>

**Visually Impaired Program of Study**

22 SH of transcribed coursework at the undergraduate or graduate level from an approved teacher education program.		
<b>Coursework</b>	<b>Completed (SH)</b>	<b>Needed (SH)</b>
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		
	<b>Total SH</b>	<b>Total SH</b>
Documentation of enrollment in coursework for two additional visual impairment special education courses (see <b>Plan on file Prerequisite 3</b> above)		
Administrator letter (see <b>Plan on file prerequisite 1</b> above)		
Name of Mentor (see <b>Plan on file prerequisite 1</b> above)		
<b>Signature of Applicant</b>	<b>Date</b>	
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

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.

