

## EDUCATIONAL DIAGNOSTICIAN SPECIALIST ENDORSEMENT

EDUCATION STANDARDS AND PRACTICES BOARD SFN 62335 (06/2023)

	Educator's Professional				al							
Name (Last, First, MI)		Maiden Name			or							
				Sc	ocial Se	ecurity	Num	ber (do	o not u	se das	shes)	
Address	·											
City		State	Zip Code (9-digit)		1			1	1	1	1	
Home Telephone Number	Work Telephone Number Date of		Date of Birth	Ema	ail Addı	ress						
High School Attended		High	School City Attended	·					State	9		
Prerequisite: Valid North Dakota educator's professional license in early childhood, elementary,												

middle, or secondary education, special education, or school psychology.

\$80

## **Educational Diagnostician Specialist Program of Study**

Coursework	Completed	SH	Needed	SH
15 semester hours of transcripted coursework in special education including:				
Individual Education Plans				
Academic assessment/progress monitoring of student with disabilities				
Behavior management of students with disabilities				
Legal aspects of special education				
Consultation and collaboration				
Transition to adult life				
20 semester hours of transcripted coursework in educational diagnostician including:				
Role of the educational diagnostician				
Cognitive assessment measures				
Achievement assessment measures				
Social, emotional and behavior assessment measures				
Motor skills assessment measures				
Language assessment measures				
4 semester hour practicum/internship				
	Total SH		Total SH	

Signature of Applicant	Date
ESPB Approval	Date

Submit form and fee to:

Education Standards and Practices Board 2718 Gateway Avenue Suite 204 Bismarck ND 58503 (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.



Type of Payment				Amount				
□ Visa □	☐ MasterCard	□ Check		\$				
Name as it appears on credit card								
Credit Card Number		<u> </u>	xpiration Date	<u>3 digit CVV</u>				
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Billing Address of credit card (if different than the mailing address)								
Address:								
City	S	State	Zip Code					

This documentation will be destroyed upon completion of processing.