

STATE OF OKLAHOMA

Boot Camp Provider Application

Name of IHE/District(s)/Interlocal Co-op(s): _____

Contact Person: _____

Name of Responsible Party _____

Email address of contact person _____

Office number _____ Cell number _____

Structure of Planned Boot Camp (examples: Schedule: summer, full-time, Friday nights, and all day Saturday; Format: campus based, online, hybrid, etc.):

Dates of the Planned Boot Camp (include start date and planned completion date):

Names and Qualifications of Instructor(s) **Please submit a resume or vita for each instructor** who will offer the classes and monitor the field experiences (district instructors must have full certification in special education and experience teaching in a special education classroom; university instructors must have met all of the hiring requirements of the relevant university):

Instructor One:

Instructor Two (if needed):

Instructor Three (if needed):

Instructor Four (if needed):

Instructor Five (if needed):

What evidence will be gathered and/or assessments would be used to ensure that candidates have met the required competencies (competencies are listed at the following link: <http://www.ok.gov/sde/special-education>) in each of the following subject areas include examples to support the response such as lesson plans, a syllabus, sample activities, etc. Please refer to the attachment for guidance on completing this section.

Introduction to Special Education

IEPs

Behavioral Management

Effective Teaching, Reading, and Math Strategies

Assessment

Legal and Ethical Issues

Describe the experiences the candidates will have during the Field-Based component of Boot Camp (minimum of 30 hours). What are the specific learning outcomes planned for the Field-Based component (attach additional sheets as necessary)?

If this application is accepted I acknowledge that our responsibilities include:

1. Adhering to the State Board approved program guidelines.
2. Providing documentation to demonstrate that each candidate has completed all program components.

Program Contact:

Signature _____

Name _____

Title _____

Responsible Party:

Signature _____

Name _____

Title _____

Preferred submission method:

Submit completed application electronically (including a scanned copy of driver's license and a copy of transcripts to:

hb1233certification@gmail.com

Alternative forms of submission:

Fax: 405-522-1590 (attention: HB1233 Certification Bootcamp Application)

Mailing Address: OSDE: Special Education Services

HB1233 Certification Bootcamp Application

2500 N. Lincoln Blvd. Suite 510

Oklahoma City, OK 73105-4599

Boot Camp Provider: _____ Application Check List

This checklist is provided for review to ensure the applicant has all required information needed to process the application.

Completed Application

Letter from Governing Body

Structure of Planned Boot Camp

Resume or Vita for Instructor

Competency Evidence:

- a. Introduction to Special Education**
- b. IEPs**
- c. Behavioral Management**
- d. Effective Teaching, Reading, and Math Strategies**
- e. Assessment**
- f. Legal and Ethical Issues**

Description of Field-based Component

Summary of competency demonstration (including evidence)

Comments:

For office use only:

Approved: Yes No

Date Reviewed: _____

Committee Signatures: _____
