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**Seminars or Courses on, or Demonstrated Knowledge of, *Ways to Prepare and Maintain Students with Disabilities for General Classrooms***

**Advisory**

**INTRODUCTION**

This advisory is for individuals attempting to earn a Provisional:

* Early Childhood PreK-2
* Elementary 1-6
* Teacher of Students with Moderate Disabilities (PreK-2, PreK-8, or 5-12)
* Teacher of the Deaf and Hard-of-Hearing: American Sign Language/Total Communication (All Levels)
* Teacher of the Deaf and Hard-of-Hearing: Oral/Aural (All Levels)
* Teacher of the Visually Impaired (All Levels)
* Teacher of Students with Severe Disabilities (PreK-2 or All levels) license.

The following requirement: Seminars or courses on, or demonstrated knowledge of, *ways to prepare and maintain students with disabilities for general classrooms* is included within the pathway to each of these licenses.

This advisory informs applicants of the three ways to satisfy this requirement and includes a verification template letter for each of the three ways to document compliance with this requirement. **Please note** that for those that have documented compliance with this requirement via the Structured Guidance and Supports (SG&S) option, no additional documentation is needed.

**HOW TO SATISFY**

The Seminars or courses on, or demonstrated knowledge of, *ways to prepare and maintain students with disabilities for general classrooms* requirement is satisfied through a course(s), seminar(s), workshop(s), mentored employment, and/or peer coaching that provide at least 10 hours of instruction specific to and completely covering ways to prepare and maintain students with disabilities for general classrooms.

**HOW TO DOCUMENT**

Please use the applicable template for the verification letter:

* Demonstrated Knowledge – Ways to Prepare and Maintain: Sample Verification Letter Template
* Seminar/Workshop – Ways to Prepare and Maintain: Sample Verification Letter Template
* College/University Coursework – Ways to Prepare and Maintain: Sample Verification Letter Template
* Required letter components:
* Must be on official letterhead
* Must be signed by an authorized signee
* Must include the correct attestation statement
* If verified through coursework applicants must submit the corresponding transcript denoting completion of course.

**Demonstrated Knowledge Specific to and Completely Covering Ways to Prepare and Maintain Students with Disabilities for General Classrooms:**

**Template for Verification Letter**

This template is intended to assist superintendents or superintendent equivalents in private/non-public schools prepare a letter verifying that an individual satisfied the Seminars or courses on, or demonstrated knowledge of, *ways to prepare and maintain students with disabilities for general classrooms* requirement through mentored employment and/or peer coaching. Letters must be on official school letterhead.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| [Insert the student’s name and MEPID] received at least ten (10) hours of instruction specific to and completely covering ways to prepare and maintain students with disabilities for general education classrooms through the successful completion of mentored employment and/or peer coaching. This mentored employment and/or peer coaching was provided by the qualified mentor who is identified below. | | | | | | |
| **Print Mentor’s Name:** | |  | | | | |
| **Mentor’s License or MEPID Number:** | |  | | | | |
| **Start Date of Mentored Employment/Peer**  **Coaching (mm/dd/yyyy)** | |  | | **End Date of Mentored Employment/Peer Coaching (mm/dd/yyyy)** | |  |
| **School/School District:** | |  | | | | |
| ***Administrator’s Attestation Statement:*** | | | | | | |
| I attest that the statement and information above are true and accurate as attested to by my signature and title: | | | | | | |
| **Printed Name:** |  | | **Admin. Signature:** | |  | |
| **Title:** |  | | **Email:** | |  | |
| **Phone:** |  | | **Date:** | |  | |
| *(Superintendent or equivalent [private school])* | | | | | | |
| * ***Letter must be on school letterhead.*** | | | | | | |
| *\** *Please note: The Department may contact signees if any clarification is needed. Documents may be uploaded into your ELAR account or mailed to the Office of Educator Licensure. Information regarding submitting documents may be found at http://www.doe.mass.edu/licensure/elar/.* | | | | | | |

**Seminar/Workshop Specific to and Completely Covering Ways to Prepare and Maintain Students with Disabilities for General Classrooms:**

**Template for Verification Letter**

This template is intended to assist officials authorized by the Office of Educator Licensure (\*authorized signees) to prepare a letter verifying that an individual satisfied the Seminars or courses on, or demonstrated knowledge of, *ways to prepare and maintain students with disabilities for general classrooms* requirement through a seminar(s)/workshop(s). Letters must be on official letterhead of the organization that provided the seminar(s)/workshop(s).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Attestation Statement: [Insert the educator’s name and MEPID] received at least ten (10) hours of instruction specific to and completely covering *ways to prepare and maintain students with disabilities for general education classrooms* through the successful completion of the following seminar(s)/ workshop(s). These hours of instruction were delivered by a [Insert the name of the organization that provided the seminar(s)/workshop(s)] appointed instructor(s). | | | | |
| **Insert title of seminar(s) and/or workshop(s):** | |  | | |
|  | | | | |
|  | | | | |
| I attest that the statement and information above are true and accurate as attested to by my signature and title: | | | | |
| **Printed Name:** |  | | | |
| **Signature:** |  | | **\*Title:** |  |
| *\* An appropriate representative of the organization that provided the professional learning experience (e.g., instructor, director, principal, executive director, superintendent, etc.)* | | | | |
| * ***Letter must be on the official letterhead of the organization that provided the professional learning experience.*** | | | | |
| Please note: The Department may contact signees if any clarification is needed. Documents may be uploaded into your ELAR account or mailed to the Office of Educator Licensure. Information regarding submitting documents may be found at http://www.doe.mass.edu/licensure/elar/. | | | | |

**College/University Coursework Specific to and Completely Covering Ways to Prepare and Maintain Students with Disabilities for General Classrooms: Template for Verification Letter**

This template is intended to assist college/university officials authorized by the Office of Educator Licensure (\*authorized signees) to prepare a letter verifying that an individual received at least ten (10) hours of instruction specific to and completely covering the Seminars or courses on, or demonstrated knowledge of, *ways to prepare and maintain students with disabilities for general classrooms* requirement through the successful completion of coursework. Letters must be on official letterhead of the college or university.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Attestation Statement: [Insert the educator’s name and MEPID] received at least ten (10) hours of instruction specific to and completely covering *ways to prepare and maintain students with disabilities for general education classrooms* through the successful completion of the following coursework. | | | | |
| **Insert prefix(es), number(s) and title(s) of course(s):** | |  | | |
|  | | | | |
| I attest that the statement and information above are true and accurate as attested to by my signature and title. | | | | |
| **Printed Name:** |  | | | |
| **Signature:** |  | | **\*Title:** |  |
| *(\*Course instructor, licensure officer, appropriate department chair, program director, assistant dean, dean, registrar, provost, vice-president, president, or chancellor)* | | | | |
| * ***Letter must be on the official college/university letterhead.*** | | | | |
| *Please note: The Department may contact signees if any clarification is needed. Documents may be uploaded into your ELAR account or mailed to the Office of Educator Licensure. Information regarding submitting documents may be found at http://www.doe.mass.edu/licensure/elar/.* | | | | |