

**CAMPBELLVILLE UNIVERSITY SCHOOL OF EDUCATION**  
**Candidate Assessment Plan and Curriculum Guide**  
**Director of Special Education**

Name \_\_\_\_\_ (Maiden) \_\_\_\_\_ CU ID # \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M F Ethnicity \_\_\_\_\_

Permanent Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Home Phone \_\_\_\_/\_\_\_\_/\_\_\_\_ Cell \_\_\_\_/\_\_\_\_/\_\_\_\_ Work \_\_\_\_/\_\_\_\_/\_\_\_\_

Email \_\_\_\_\_

**Work**

**Home**

Certification Area: \_\_\_\_Special Education \_\_\_\_School Psychologist \_\_\_\_Speech Language Pathologist

Current Employer: \_\_\_\_\_

District

School

CAP 5\* \_\_\_\_\_ CAP 6 \_\_\_\_\_ CAP 7 \_\_\_\_\_

<b>CAP 5 - Entrance Requirements Application</b>	<b>CAP 6 – Mid-Point</b>	<b>CAP 7 – Exit Requirements To Be Completed in SED 712, Special Education Law</b>
<p>____Master's Degree or Planned 5<sup>th</sup> Year Program</p> <p>____ Copy of valid Teacher's Certificate</p> <p>Official Transcript(s) ____Y ____N</p> <p>Cumulative GPA 2.75 or 3.0 on last 30 hours ____Y ____N</p> <p>GPA____ Review date: ____/____/____</p> <p>____Professional Growth Plan currently on file with the district of employment</p> <p>Disposition Recommendation (self) ____ (overall rating)</p> <p>____Letter of Recommendation (building or district level administrator)</p> <p>____Three Years of Experience as Special Education Teacher; <b>or</b>            ____One year as a Special Education Teacher and two years as a school Psychologist; <b>or</b>            ____Three years' experience as a master's level speech language pathologist</p> <p>____ KY Code of Ethics (signed)</p> <p>____ Character &amp; Fitness(signed)</p> <p>____ Diversity Survey Signed</p> <p>____ Curriculum Contract/Guide sheet (signed)</p>	<p>____GPA (minimum 3.0)</p> <p>____Credit Hours Completed (minimum 15 credit hours)</p>	<p>____ Transcript Request</p> <p>____ GPA (minimum 3.0)</p> <p>____Two Disposition Recommendations (1)____ (self) (2) ____ (faculty)</p> <p>____CA-1 Form Completed (attached)</p> <p>____ Exit/Completer Survey</p> <p>____Application for Additional Credentials</p> <p>____ Transcript Request</p> <p>____Portfolio Score</p> <p>____DOSE Certification (if applicable) ____Portfolio Score</p>

**CAP Reminders:**

- Program Information: Students seeking the Rank I must complete a 30-hour planned program of study. The program consists of two components: (a) 5 professional education core courses and (b) 5 professional specialty courses. *Completion of an endorsement program may be used in lieu of the professional specialty.*
- Assessment and Exit: Students will be assessed continuously in the Rank I program. There are three formal Candidate Assessment Points: \*CAP 5 – admission to the program (2.75 GPA required); CAP 6 – mid-point assessment; CAP 7 – program exit (3.0 required on culminating activity and cumulative GPA). *Additional criteria for each CAP are identified on application forms.*

Name \_\_\_\_\_ (Maiden) \_\_\_\_\_ CU ID # \_\_\_\_\_ Date \_\_/\_\_/\_\_

<b>Rank I Courses Curriculum Guide 30 Hours</b>	
<b>a. Rank I Core Courses:</b>	<b>b. Professional Specialty – Director of Special Education</b>
<b>Sem/Year Grade</b>	<b>Sem/Year Grade</b>
_____ ED 599 Entry to EP* (0)	_____ SED 710 Finance & Management (3)
_____ ED 701 Plan. & Leading School Improv. (3)	_____ SED 711 Administration & Supervision of Special Education (3)
_____ ED 702 CIA Connections (3)	_____ SED 712 Special Education Law (3)
_____ ED 703 Ethics and School Governance (3)	_____ SED 714 Leadership Practicum (3)
_____ ED 704 Nature & Needs of Div. Learn. (3)	_____ SGC _____ School Guidance Counseling Elective** (3)
_____ ED 705 Effective Prof. Development (3)	
<b>Core Course Total: 15 Hours</b>	<b>Specialty Course Total: 15 Hours</b>
<small>*If currently employed with a school district, a criminal background check may not be required. **Approved by Advisor and excludes practicum courses</small>	<b>Rank I Program Total Hours: 30</b>

### Statement of Acknowledgement/Commitment

As a student in the special education preparation program, I understand and agree to the following:

1. To be retained in the program and to be eligible for continuation and completion, I must satisfactorily meet all requirements of CAPs 5, 6, and 7.
2. Upon final approval of CAP 5, I will receive a letter of notification to be used for admission and registration.
3. Neither Campbellsville University nor any professor or administrator assumes responsibility for the CAPs nor for graduation; the responsibility resides with me.
4. I will participate in all online class sessions and teleconferences. I will follow the online procedure list provided.
5. I will follow the correct procedures for state certification.
6. I commit to upholding the Code of Ethics for Kentucky School Personnel.
7. I am committed to the ethical and legal use of technology.
8. I am committed to abide by the School of Education policy on plagiarism and cheating.

My signature below indicates I hereby recognize it is my responsibility to review and ensure I complete the above requirements for successful continuation in and exit from this program.

Name/Date \_\_\_\_\_ Advisor/Date \_\_\_\_\_

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CAP 5 Presented to Faculty \_\_\_\_/\_\_\_\_/\_\_\_\_

CAP 7 Decision: \_\_\_\_ Program Satisfactorily Completed

\_\_\_\_ Letter of Notification Mailed

\_\_\_\_ Program Not Satisfactorily Completed

\_\_\_\_ Copy of Letter Included in Student File

\_\_\_\_ Recommended for Admission

\_\_\_\_ Not Recommended