Credential Evaluation Checklists

Programs in Multiple Subject, Single Subject, Internships, and Added Authorizations
Bulleted Links to Evidence for Preconditions

Preliminary Programs

Preliminary Multiple and Single Subject 7. Completion of Requirements

A college or university that operates a program for the Preliminary Multiple or Single Subject Credential shall determine, prior to recommending a candidate for the credential, that the candidate meets all legal requirements for the credential

- Multiple Subject Checklist
- Single Subject Checklist

Internship Programs

- Multiple Subject Internship Checklist
- Single Subject Internship Checklist
- Sample Education Specialist Internship Checklist

Specialist Credential and Certificates

Bilingual Authorization

1. Candidates for a Bilingual Authorization must hold a prerequisite teaching credential or be recommended for an acceptable teaching credential simultaneously
2. The prerequisite teaching authorization must authorize instruction to English learners
   - Bilingual Authorization Checklist

Education Specialist Added Authorizations

All Added Authorizations: Autism Spectrum Disorder, Orthopedic Impairments, and Other Health Impairments 1.

Candidates accepted into the Added Authorization program must currently hold a preliminary education specialist teaching credential or be eligible for a preliminary education specialist teaching credential prior to recommendation for the Added Authorization

- Sample Orthopedic Impairments and Other Health Impairments Added Authorization Checklist
Sample Credential Evaluation Check List for Multiple Subjects & Single Subject credential programs.

**MULTIPLE SUBJECTS**

<table>
<thead>
<tr>
<th>NAME:</th>
<th>CIN:</th>
</tr>
</thead>
</table>

| CSULA'S FEE PAID: | $35 | $65 | RUSH FEE $112.50 |

| REQUIREMENTS | New EL (effective January 1, 2014) | ELAM | or ELAI |

<table>
<thead>
<tr>
<th>CC</th>
<th>Emergency Permit</th>
<th>Internship</th>
<th>Preliminary Credential</th>
</tr>
</thead>
<tbody>
<tr>
<td>BSR</td>
<td>CBEST: Prev. Recorded</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WPE:</td>
<td>Univ. 4000</td>
<td>CBEST (41 OR WRITING)</td>
<td>PETITION APPROVED</td>
</tr>
</tbody>
</table>

**SPEECH REQ.**

**BACHELOR'S DEGREE (from Accredited College/University)**

<table>
<thead>
<tr>
<th>SUBJECT MATTER:</th>
<th>CSET</th>
<th>Prev. Recorded</th>
<th>ESM</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S. CONSTITUTION:</td>
<td>POLS 1000</td>
<td>EXAM</td>
<td>OTHER CAMPUS</td>
</tr>
</tbody>
</table>

| EDCI 4000 (3) |
| EDFN 4130/EDFN 4131 (3) |
| EDEL 4900 sec. 7 (Health Education for Teachers) – transition only |
| CPR Card | PH 2010 | Transferred In |
| EDEL 4020 (3) |
| EDCI 4010 (3) |
| EDFN 4400 (3) OR (Blended students ONLY) | EDFN 4200 = ULRN 4120 (Blended students) |
| EDEL 4150 (3) |
| EDEL 4160 (3) |
| EDEL 4170 (3) |
| EDEL 4180 (3) |
| EDEL 4190 (3) |
| EDSP 4000 (3) |
| EDEL 4880 (7) |
| EDEL 4881 (3) OR |
| EDEL 4890 (7) |
| EDEL 4881 (3) |

**RICA**

**ADDITIONAL REQUIREMENTS (if applicable)**

<table>
<thead>
<tr>
<th>Ed TPA</th>
</tr>
</thead>
<tbody>
<tr>
<td>EDEL 4881 (1) (Internship Students ONLY)</td>
</tr>
<tr>
<td>EDEL 4881 (1) (Internship Students ONLY)</td>
</tr>
<tr>
<td>EDEL 4550 (2), EDEL 4560 (2) (Internship Students ONLY)</td>
</tr>
</tbody>
</table>

**Credential Analyst**

**Date Evaluation Completed**
# Credential Evaluation Check List:

**SINGLE SUBJECTS**

**AUTHORIZATION AREA:**

**NAME:**

**CIN:**

**CSULA'S FEE PAID:**

$35 $65 $112.50

**REQUIREMENTS**

<table>
<thead>
<tr>
<th>New EL (effective January 1, 2014)</th>
<th>ELAS</th>
<th>or ELA1</th>
</tr>
</thead>
</table>

**CC**

Emergency Permit

Internship

Preliminary Credential

**BSR**

CBEST: Prev. Recorded

**WPE:**

Univ. 4000

CBEST (41 OR WRITING)

PETITION APPROVED

**SPCH / ORAL COMM - COURSE #:**

College/Univ:

**BACHELOR'S DEGREE**

(from Accredited College/University)

**SUBJECT MATTER:**

CSET

Prev. Recorded

WAIVER

**U.S. CONSTITUTION:**

POLS 1000

EXAM

OTHER CAMPUS

**CPR:**

PH 2010

CARD

Transferred In

**EDCI 4000 (3)**

(INTRODUCTORY BLOCK - 15 UNITS)

**EDFN 4130 (2)**

*EDFN 4200 (2) - EDFN 420 / 4120 (Blended Students)*

*EDSE 4480 (1)*

*EDSE 5490 (1)*

EDSE 5000 (3)

EDSP 4000 (4)

EDSE 5101 (3)

**EDSE 5101 (3)**

**EDSE 5491 (1)**

**EDSE 5002 (3)**

(DEVOTIONAL BLOCK - 9 UNITS)

**EDSE 4212 (3)**

(Instructional Methods Secondary School Subjects)

**EDCI 4292 (3)**

**EDSE 4502 (2)**

**EDSE 4482 (1)**

**EDSE 4492 (1)**

**EDSE 4453 (7)** OR **EDSE 4890 (7)** &

(APPLICATION BLOCK - 10 UNITS)

**EDSE 4463 (3)**

(TPA) or edTPA

**FERPA**

*Students enrolled in the B.S. in Mathematics, Integrated Teaching Option should see an advisor regarding program specific requirements.*

**Credential Analyst:**

**Date Evaluation Completed:** 02/08/2018 - ET
Sample – Check List for Internships in Multiple Subjects & Single Subjects

MULTIPLE SUBJECTS - INTERNSHIP EVALUATION FORM

FALL SEMESTER 2016

FERPA ______________ TRANSITION PLAN (QTR. TO SEMESTER) ______________

1YR. EXTENSION ______ CHANGING DISTRICTS ______ CHANGING AUTHORIZATIONS ______

NAME: __________________ ______ CIN: __________________

CSULA'S FEE PAID: $35 ______ $50 ______ $65 ______ RUSH FEE $112.50 ______

Working towards Preliminary ______

REQUIREMENT: ______ New EL (effective January 1, 2014) ELAM ______ or ELA1 ______

<table>
<thead>
<tr>
<th>Requirement</th>
<th>New EL (effective January 1, 2014) ELAM</th>
<th>or ELA1</th>
</tr>
</thead>
<tbody>
<tr>
<td>CC</td>
<td>Emergency Permit 30 day</td>
<td>Internship</td>
</tr>
<tr>
<td>CBEST:</td>
<td>Prev. Recorded</td>
<td>Verified Original</td>
</tr>
<tr>
<td>WPE:</td>
<td>Univ. 400</td>
<td>CBEST (41 OR WRITING)</td>
</tr>
</tbody>
</table>

BACHELOR’S DEGREE (from Accredited College/University)


COMMISSION APPROVED WAIVER:

JOB OFFER LETTER | EFFECTIVE DATE:

EMPLOYING SCHOOL DISTRICT

INTERNERSHIP AGREEMENT | YES | NO |

ADMISSION TO CCOE | YES | NO |

U.S. CONSTITUTION: POLS 150 | EXAM | OTHER CAMPUS | ONLINE EXAM |

INTERNERSHIP ADVISOR: Jennifer Revilla |

MULTIPLE SUBJECTS – EDCI 4881 FIELD LAB (2 UNITS) INTERN REQUIREMENT

COMPLETION OF DISTRICT PRE-INTERNSHIP PROGRAM OR COMPLETION OF:

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Completion of</th>
</tr>
</thead>
<tbody>
<tr>
<td>EDCI 4000 (EQUIVALENT TO EDCI 300)</td>
<td>Embeds Health Education For Teachers</td>
</tr>
<tr>
<td>EDCI 4010 – English Language Development</td>
<td>&amp;</td>
</tr>
<tr>
<td>EDFN 4400 – Educational Foundations: Schooling in a Diverse Society or equiv.</td>
<td></td>
</tr>
<tr>
<td>EDSP 4000 – Foundations of Special Education</td>
<td></td>
</tr>
<tr>
<td>EDEL 4900 OR PH4240 HEALTH EDUCATION OR EQUIV (If student took old EDCI 300)</td>
<td></td>
</tr>
</tbody>
</table>

HOLDS EXISTING VALID BASIC - PRELIMINARY | CLEAR |

Credential Analyst _____________________________ Date Evaluation Completed ___________________________
**SB 2042 SINGLE SUBJECT**

**FERPA**

**TRANSITION PLAN (QTR. TO SEMESTER)**

1YR. EXTENSION  
CHANGING DISTRICTS  
CHANGING AUTHORIZATIONS

**NAME:**

**CIN:**

CSULA’S FEE PAID:  
$35  
$50  
$65  
RUSH FEE $112.50

Working towards Preliminary

**REQUIREMENT:**  
New EL (effective January 1, 2014) ELAS  
or ELA1

<table>
<thead>
<tr>
<th>CC</th>
<th>Emergency Permit 30 day</th>
<th>Internship</th>
<th>Preliminary/Clear Credential</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBEST: Prev. Recorded</td>
<td>Verified Original</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WPE: Univ. 400</td>
<td>CBEST (41 OR WRITING)</td>
<td>Petition APPROVED</td>
<td>Other CSU</td>
</tr>
<tr>
<td>BACHELOR’S DEGREE (from Accredited College/University)</td>
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<td></td>
</tr>
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</table>

**SUBJECT MATTER:**  
CSET  
Prev. Recorded SMC  
Prev. Recorded Exam

**COMMISSION APPROVED WAIVER:**

**JOB OFFER LETTER**

**EFFECTIVE DATE:**

**EMPLOYING SCHOOL DISTRICT**

**INTERNERSHIP AGREEMENT**  
YES  
NO

**ADMISSION TO CCOE**  
YES  
NO

**U.S. CONSTITUTION:**  
POLS 150  
EXAM  
OTHER CAMPUS  
ONLINE EXAM

**INTERNERSHIP ADVISOR:**  
Jennifer Ravilla

**SINGLE SUBJECTS – EDCI 4881 FIELD LAB (2 UNITS) INTERN REQUIREMENT**

**COMPLETION OF DISTRICT PRE-INTERNSHIP PROGRAM**  
OR  
**COMPLETION OF:**

| EDCI 4000 (EQUIVALENT TO EDCI 300) EMBEDS HEALTH EDUC FOR TEACHERS |
| EDFN 4130 / EDFN 4131 |
| EDFN 4200 |
| EDSP 4000 |
| EDSE 4480 |
| EDSE 4301 |
| HOLDS EXISTING VALID BASIC – PRELIMINARY  
CLEAR |

Credential Analyst  
Date Evaluation Completed
# INTERNSHIP EVALUATION FORM

**FALL SEMESTER 2016**

**EDUCATION SPECIALIST**

**FERPA**  **TRANSITION PROG PLAN (QTR. TO SEMESTER)**

**1 YR. EXTENSION**  **CHANGING DISTRICTS**  **CHANGING AUTHORIZATIONS**

 Courtesy Application  Appeal: ____________________________

**NAME:** ____________________________  **CIN:** ____________________________

**CSULA’S FEE PAID:**  $35  $50  $65  RUSH FEE $112.50

**Working towards Preliminary**  **(Includes ASD Authorization)**

**REQUIREMENT**  **New EL (effective January 1, 2014) ELAE**  **or ELA1**

<table>
<thead>
<tr>
<th>CC</th>
<th>Emergency Permit 30 day</th>
<th>Internship</th>
<th>Preliminary/Clear Credential</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBEST:</td>
<td>Prev. Recorded</td>
<td>Verified Original</td>
<td></td>
</tr>
<tr>
<td>WPE:</td>
<td>Univ. 400</td>
<td>CBEST (41 OR WRITING)</td>
<td>Petition APPROVED</td>
</tr>
<tr>
<td>BACHELOR’S DEGREE (from Accredited College/University)</td>
<td>(CHDV 12 units/9 semester)</td>
<td>ECSE</td>
<td></td>
</tr>
</tbody>
</table>

**SUBJECT MATTER:**  CSET  Other CSU waiver  Prev. Recorded / Prev. Exam

**COMMISSION APPROVED WAIVER:**

**JOB OFFER LETTER**  **EFFECTIVE DATE:**

**EMPLOYING SCHOOL DISTRICT**

**INTERNESHIP AGREEMENT:**  YES  NO

**ADMISSION TO CCOE:**  YES  NO

**U.S. CONSTITUTION:**  POLS 150 | EXAM | OTHER CAMPUS | ONLINE EXAM

**INTERNESHIP ADVISOR:**  Dr. Hunt  Jennifer Revilla

**SPECIAL EDUCATION – EDSP 4950 – Seminar**

**SPECIAL EDUCATION INTERNSHIP ONLY**

**COMPLETION OF DISTRICT PRE-INTERNESHIP PROGRAM**  **OR COMPLETION OF:**

| EDSP 300 / 4001 |
| EDSP 400 / 4000 |
| EDSP 408 / 4010 |

**HOLDS EXISTING VALID BASIC - PRELIMINARY**  **CLEAR**
CALIFORNIA STATE UNIVERSITY, LOS ANGELES
BILINGUAL AUTHORIZATION (CTC) – PAGE PROGRAM – SPRING 2018 & FALL 2018
(Special Session)

NAME: ___________________________ CIN: ___________________________

CSEL FEE PAID: $35 ☐ RUSH FEE $112.50 ☐

Languages: Spanish ☐, Korean ☐, Chinese ☐, Filipino ☐

PREREQUISITES

Verified by:__________________________________________________________

1. 2.75 grade point average in the last 90 quarter units attempted (N/A) YES____ NO____

2. Attempt of CSET WORLD LANGUAGE II or III (Bilingual Authorization only) PASSED (Yes/No) YES____ NO____

MASTER'S DEGREE, CERTIFICATE, and AUTHORIZATION

1. Qualifying courses (if any) with a B (3.0) G.P.A. or above (for all) YES____ NO____

2. Valid California Teaching Credential, multiple-, single-subject or education specialist w/ EL-CLAD (Bilingual Authorization) IN PROGRESS YES____ NO____

3. Portfolio Assessment (N/A)__________________________________________

4. Degree Verification________________________________________________

ADDED AUTHORIZATION REQUIREMENTS:

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>EDCI 5560</td>
<td>Methods Teaching Literacy in Language (3 units)</td>
<td></td>
</tr>
<tr>
<td>EDCI 5570</td>
<td>Research &amp; Pedagogy Bilingual Learners (3 units)</td>
<td></td>
</tr>
<tr>
<td>EDCI 5580</td>
<td>Reflection, Synthesis &amp; Assessment (1 units)</td>
<td></td>
</tr>
</tbody>
</table>

Advisor: Dr. Castaneda—email: mcastan7@exchange.calstate.edu – contact #: (323) 343-4350.

Credential Analyst ___________________________ Evaluation Completed (date) ___________________________

05/18 (ET)
**ORTHOPEDIC IMPAIRMENTS (OI) & (OHI)**

**ADDED AUTHORIZATION**

**NAME:** ____________________________  **CIN:** ____________________________

**Csla Fee Paid:** $35 □  **Rush Fee $112.50** □

Holds existing LEVEL I _____ or LEVEL II _____

Holds Preliminary/Clear Education Specialist _____ or Ryan (LH/SH) Educ. Spec _____

Credential Initial Issuance Date _________________

(Credential must be valid and have an initial issuance date of Sept. 27, 1997 or later)

- Mild/Moderate Disabilities Credential _____
- Moderate/Severe Disabilities Credential _____
- Early Childhood Special Education _____
- Visual Impairments Credential _____
- Deaf & Hard of Hearing Credential _____

(Credential must be valid and have an initial issuance of 1976 to September 27, 1997)

- Learning Handicapped (Ryan Specialist) _____
- Severely Handicapped (Ryan Specialist) _____
  (Will be issued: Educator Authorization – Separate Document)

**ADDED AUTHORIZATION REQUIREMENTS:**

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>*EDSP 4600</td>
<td>Implications of Physical &amp; Health Impairments</td>
<td>(3)</td>
</tr>
<tr>
<td>*EDSP 4620</td>
<td>Understanding Physical, Health, &amp; Multiple Disabilities</td>
<td>(3)</td>
</tr>
<tr>
<td>*EDSP 4630</td>
<td>AAC &amp; Assistive Technology in Special Education</td>
<td>(3)</td>
</tr>
<tr>
<td>*EDSP 4640</td>
<td>Assessment &amp; Curricular Adaptations for Individuals w/ Physical, Health, or Multiple Disabilities</td>
<td>(3)</td>
</tr>
<tr>
<td>*EDSP 5610</td>
<td>Essential &amp; Functional Skills for Students w/ Physical, Health, or Multiple Disabilities</td>
<td>(2)</td>
</tr>
</tbody>
</table>

*Courses offered through Distance Delivery.

Advisors: April Trasvina – email: atrasvina@cslanet.calstatela.edu  Contact #: (323) 343-4342 or Dr. Sherry Best – email: sbest@calstatela.edu

__________________________  ____________________________
Credential Analyst  Evaluation Completed (date)