

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Mild/Moderate: 4-8 - Add-on Endorsement to an All-Level Special Education, or All-Level Certificate - Effective July 1, 2010**

To add Mild/Moderate: 4-8 to a valid Type A, B, C, Level 1, 2, or 3 Louisiana certificate, the applicant must complete the requirements listed below:

Mild/Moderate Special Education Add-On (Endorsement)	Requirements Completed:		Requirements
	Yes	No	
Certification level held by applicant:  _____ For individual holding a an all-level special education certificate (e.g., Significant Disabilities, Hearing Impaired, or Visually Impaired); or  _____ all-level K-12 certification (e.g., Art, Music, Dance, H & PE, or Foreign Language).	<b>PRAXIS Requirements:</b>		
			Achieve passing score for PRAXIS Education of Exceptional Students: Core Content Knowledge (0353); and
			Education of Exceptional Students: Mild to Moderate Disabilities (0542); and
			Principle of Learning and Teaching: 5-9 (0523); and
			Middle School Content Exam(s): _____
	<b>Course(s) Completed:</b> Yes    No	<b>Course Numbers:</b>	<b>Course Requirement(s)</b>
	Complete 18 semester hours of special education coursework, (six 3 hour courses) as listed below:		
		SPED5061	Assessment and Evaluation of Students with Disabilities
		CURR5018*	Fundamentals of Instructional Technology
		SPED5006	Self-Determination & Transition
		SPED5007	Behavioral Support and Intervention
		SPED5050	Collaborative Teaming
		SPED5005	Instructional Practices in Special Education
*Can also take EDFN5024			

If you have completed the requirements as listed above and wish to receive a formal evaluation for the purpose of obtaining additional certification, you must send your official transcript(s) with a completed [Change-of-Action Packet](#) to the Louisiana Department of Education, Division of Certification and Preparation. If you have any questions concerning this procedure, you may call 1-877-453-2721.

**For use by the Louisiana Employing Agency:**

Signature of Employing Superintendent _____	Date _____
Signature of Human Resource Director _____	Date _____

**For use by the Certification and Preparation Office only:**

Signature of Evaluating Specialist _____	Date _____
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