Name: _____ **Date:** _____

Mild/Moderate: 4-8 - to an Early Childhood, Elementary, or Early Interventionist 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) **Certification level held by applicant:**	**Requirements Completed:** **Yes**	**No**	**Requirements**
____ For individual holding a valid early childhood certificate (PK-K, PK-3); or ____ elementary certificate (e.g., 1-4, 1-5, 1-6, 1-8); or ____ early interventionist certificate.	**PRAXIS Requirements:**		
			Achieve passing score for PRAXIS Education of Exceptional Students: Core Content Knowledge (0353); and
			Education of Exceptional Students: Mild to Moderate Disabilities (0542); and
			Principles of Learning and Teaching (PLT): 5-9; and
			Middle School Content Exam(s): _____
	Course(s) Completed: **Yes**	**No**	**Course Numbers:** / **Course Requirement(s)**
	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
			READ5002 — 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

Revised 6/10/10