

Name: _____

Date: _____

Mild/Moderate: 6-12 - Add-on Endorsement to an All-Level Special Education, or All-Level Certificate - Effective July 1, 2010

To add Mild/Moderate: 6-12 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:		Requirements	
	Yes	No		
_____ For individual holding 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). *Can also take EDFN5024	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)	
	Course(s) Completed:		Course Numbers:	Course Requirement(s)
	Yes	No		
	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	

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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