



**THE NEW YORK STATE
INTENSIVE TEACHER INSTITUTE IN
BILINGUAL SPECIAL EDUCATION
2015-2016**



**GRADUATE TUITION ASSISTANCE PROGRAM
GENERAL DESCRIPTION AND ELIGIBILITY REQUIREMENTS**

The **Intensive Teacher Institute in Bilingual Special Education (ITI-BSE)** was created to address the shortage of certified bilingual and English as a second language (ESL) special educators in New York State. The ITI-BSE collaborates with school districts, preschools and institutions of higher education (IHEs) approved by the New York State Education Department (NYSED) to assist participants in meeting the requirements for a bilingual education extension and ESOL certification requirements in special education.

PROGRAM DESCRIPTION:

- ❖ Tuition assistance is provided for up to \$310 per credit for the bilingual education extension or ESL coursework in special education as approved by NYSED for the ITI programs.
 - ✓ Fifteen (15) credits are provided for bilingual education and ESL coursework for special education teachers and bilingual coursework for teachers of students with speech and language disabilities (TSSLDs) and pupil personnel service professionals (PPS) (i.e., school guidance counselors, school social workers, or school psychologists)
 - ✓ Candidates must choose one of the NYSED approved ITI collaborating IHEs

ELIGIBILITY REQUIREMENTS:

APPLICANTS MUST MEET ONE OF THE FOLLOWING TWO CRITERIA:

1. Applicants must be working full time (100%) as one of the following:
 - ✓ Bilingual special education teacher
 - ✓ Bilingual teacher of students with speech and language disabilities
 - ✓ Bilingual pupil personnel professional (i.e., guidance counselor, social worker, or school psychologist)
 - ✓ English as a second language teacher in special education

- OR -
2. Applicant must obtain a nomination and commitment by the district superintendent, building principal in New York City, or preschool director stating that as a result of participating in and completing the ITI program she or he will be assigned to a full-time position as a bilingual special education teacher, ESL teacher, bilingual TSSLD or bilingual pupil personnel service provider from the position in which she or he is currently employed.

NOTE: ALL APPLICANTS MUST COMPLETE *Section E* of the application that requires that the applicant make a commitment to serve in the position of bilingual service provider or ESL teacher in the nominating administrator’s district, school building, or NYSED-approved preschool program for a period of two years after completion of the program **and** New York State Certification. In addition, **ALL APPLICANTS MUST COMPLETE *Section F*** of the application that requires that the district superintendent, building principal in New York City, or preschool director nominate the applicant, commit to employing the applicant for two years as a bilingual service provider or ESL teacher after completion of the program, and supply current information concerning the number of LEP students and current numbers of bilingual education and ESL teachers in the building.

ADDITIONAL REQUIREMENTS:

- ❖ Applicants for the Bilingual Education Extension must **already** possess oral and written language proficiency in English and in the native language of instruction.
- ❖ Applicants must indicate the certification sought: Bilingual Education Extension or ESOL Certification

- ❖ Applicants must be working in either a NYSED approved special education preschool or in the K-12 grade continuum in a New York State school district.
- ❖ Applicants must have and provide evidence of a current, valid NYS certification.
- ❖ Applicants must complete the ITI application in its entirety and provide ALL required documentation.
- ❖ Applicant must agree to serve as a Bilingual Special Education or ESL teacher, Bilingual TSSLD or Bilingual PPS provider for 2 years in the nominating district/school or preschool upon completion of the ITI program **and** New York State certification.

IF THE APPLICATION IS APPROVED, THE CANDIDATE IS REQUIRED* TO:

- ❖ Meet with the program coordinator of the selected IHE to determine appropriate coursework;
- ❖ Register for approved ITI courses;
- ❖ Maintain consistent enrollment in the program each semester until all coursework is completed;
- ❖ Take and pass the appropriate certification examination (i.e., BEA or CST);
- ❖ Maintain consistent communication with ITI staff regarding your status via surveys/questionnaires;
- ❖ Inform ITI staff of any changes in your personal information and/or status immediately;
- ❖ Submit a completed certification application to the NYSED TEACH on-line system; and
- ❖ Ensure that NYSED receives required information regarding scores on certification examinations along with all statutory workshops and fingerprint materials.

*** Please note that not fulfilling these program requirements will result in being dropped from the program and as a result the candidate will be held responsible for repayment of any tuition paid to the IHE on his/her behalf. The ITI-BSE Program is not responsible for providing tuition assistance for incomplete or failing grades.**

Please return completed application to:
Eastern Suffolk BOCES
INTENSIVE TEACHER INSTITUTE
IN BILINGUAL SPECIAL EDUCATION
Sherwood Corporate Center
15 Andrea Road
Holbrook, NY 11741

APPLICATIONS THAT ARE INCOMPLETE WILL NOT BE CONSIDERED

Additional information is available at the following web site:

ITI-BSE: http://www.esboces.org/Specially_Funded_Programs/BILESL/ITIBSE.aspx

**Intensive Teacher Institute
2015-2016
Graduate Application**

Please **PRINT** clearly and **COMPLETE** all sections.

| Office Use Only: | |
|---|--|
| Reviewed by: | _____ |
| Date: | _____ |
| <input type="checkbox"/> Approved | <input type="checkbox"/> Disapproved |
| Program: <input type="checkbox"/> ITI-BSE | Type: <input type="checkbox"/> Bilingual Ext. <input type="checkbox"/> ESOL Cert. |
| Initial Semester: | _____ |
| Date Letter Sent: | _____ |
| Date Data Entered: | _____ |

Section A: Demographic Information:

First Name: _____ MI: _____ Last Name: _____

SS#: _____ - _____ - _____ DOB: _____ Gender: Male Female

Current Position: _____ Application Date: _____
Please indicate grade level and subject/certification area Please indicate date signed

Home Address: _____

_____ City _____ State _____ Zip _____

Telephones: Primary (____) _____ Home Cell _____ Secondary (____) _____ Home Cell

Fax: (____) _____ E-mail: _____

The following checklist will assist you in ensuring that you have enclosed all of the required documents with this ITI application. Please check (✓) every item listed below and submit it with all required forms. Please be sure to keep a copy of the signed and completed application for your files.

- Completed all items in **Section A: Demographic Information** and **Section B: Certification Sought**
- Completed all items in **Section C: Certification Status** and included copy of current, valid NYS Certification as a special education teacher or pupil personnel professional _____
- Completed all items in **Section D: University/College Selection**: Please indicate IHE here: _____
- Completed all items in **Sections E: ITI Program Agreement** and signed and dated by applicant
- Completed all items in **Section F: Nomination/Assignment Requirement** and signed and dated by district superintendent, building principal (NYC only), or pre-school director
- If employed by the NYCDOE, please indicate the following:
 Region#: _____ District#: _____ School Name: _____
- All completed application materials must be sent to: **Eastern Suffolk BOCES, INTENSIVE TEACHER INSTITUTE IN BILINGUAL SPECIAL EDUCATION, Sherwood Instructional Support Center, 15 Andrea Road, Holbrook, NY 11741**

| Office Use Only: NYCDOE Division of Human Resources Approval: | | |
|---|-----------------------------------|--------------------------------------|
| Recommendation: | Approved <input type="checkbox"/> | Disapproved <input type="checkbox"/> |
| Date: | _____ | |
| If disapproved, reason: | _____ | |
| Name of Official | _____ | Position _____ |

B. Certification Sought* (please indicate only one assignment)

***PLEASE SEE ELIGIBILITY REQUIREMENTS ON PAGE 1**

Bilingual Education: _____ English to Speakers of Other Languages (ESOL)
Please indicate language of instruction (i.e., Spanish, Haitian Creole, others)

Work Site: (Please check one) School District _____ Preschool

School/Preschool Name: _____

School Address: _____

Phone: () _____ City _____ State _____ Zip _____ Fax: () _____

Special Education:

Note: Independent Contractors are not eligible for ITI funding.

Please (√) only one assignment:

Bilingual Preschool Teacher:

- Integrated Class Teacher
- Special Ed. Classroom Teacher
- Special Ed. Itinerant Teacher
- Teacher of Students with Speech & Language Disabilities

Bilingual K-12 Classroom Teacher:

- Integrated Classroom Teacher
- Resource Room Teacher
- Special Ed. Classroom Teacher
- Consultant Teacher
- Teacher of Students with Speech & Language Disabilities

Bilingual Pupil Personnel Services:

- School Counselor
- School Psychologist
- School Social Worker

ESL:

- ESL Preschool Teacher
- ESL K-12 Special Education Teacher* ***ESOL Certificate is **not** available to Pupil Personnel Service Professionals**

Other: _____

C. Certification Status:

Please (√) only one certification and be sure to include a copy of certificate with this application:

- | | | | |
|---|------------------------------------|-------------------------------|--|
| <input type="checkbox"/> Conditional Initial Certificate (specify) | <input type="checkbox"/> Bilingual | <input type="checkbox"/> ESOL | <input type="checkbox"/> Special Education |
| <input type="checkbox"/> Initial Certificate | Area: _____ | | |
| <input type="checkbox"/> Internship Certificate (specify) | <input type="checkbox"/> Bilingual | <input type="checkbox"/> ESOL | <input type="checkbox"/> Special Education |
| <input type="checkbox"/> Permanent Certificate (specify) | Area: _____ | | |
| <input type="checkbox"/> Professional Certificate (specify) | Area: _____ | | |
| <input type="checkbox"/> Provisional Certificate (specify) | Area: _____ | | |
| <input type="checkbox"/> Supplementary Teaching Certificate (specify) | <input type="checkbox"/> Bilingual | <input type="checkbox"/> ESOL | <input type="checkbox"/> Special Education |
| <input type="checkbox"/> Transitional B Certificate (specify) | <input type="checkbox"/> Bilingual | <input type="checkbox"/> ESOL | <input type="checkbox"/> Special Education |
| <input type="checkbox"/> Other (specify): _____ | | | |

D. University/College Selection:

I am currently enrolled in a university/college (please check (√) one): Yes* No

*If yes, please check license sought: Bilingual Education Extension ESOL Certification

*If yes, complete name of university/college and location/campus: _____
(Location/Campus)

Semester enrolled: _____ # Credits already completed: _____

If no, please enter the name of an ITI collaborating IHE at which you plan to enroll: (Please refer to list of available IHEs at: <http://www.p12.nysed.gov/biling/bilinged/iti.html>)

(Location/Campus)

E. ITI-BSE Program Agreement: (Signature required)

I have read and understand the requirements for admission to the ITI Program for which I have been nominated. I agree to serve in the nominating school/district/preschool program for a period of **two years** upon completion of this program. I am verifying that I am employed in a bilingual or ESL capacity, and do not currently hold certification in ESOL or a Bilingual Education extension. I understand that I will **repay** the tuition costs if I fail to complete the program or the **two-year** service requirement.

Please check (√) the appropriate box:

ESL Personnel:

I understand that certification in English to Speakers of Other Languages (ESOL) requires that I take and PASS the Content Specialty Test (CST) in ESOL prior to my completion of this tuition assistance program.

Bilingual Education Personnel:

I understand that an extension in Bilingual Education requires that I take and PASS the Bilingual Education Assessment (BEA) prior to my completion of this tuition assistance program.

Date

Applicant's signature

F. Nomination/Assignment Requirement: (Signature required)

To be completed by the district superintendent, building principal, or preschool director.

NOTE: Incomplete or unsigned nominations will not be considered.

Name of Applicant being nominated:

First Name

Last Name

Building Name

Superintendent's/Principal's/Director's Phone Number Fax Number

E-mail Address

Name of School District and District Number/Name of Preschool

Street Address

City, State, Zip

#LEP/ELL Students served in building:_____

#Certified Bilingual Education Teachers in building:_____

#Bilingual classes in building:_____

#Certified ESL Teachers in building:_____

#ESL classes in building:_____

I recommend the above-named applicant for admission to the ITI Program. Please check (√) the applicant's current/future assignment below:

Full-Time Bilingual Special Education Teacher

Full-Time ESOL Special Education Teacher

Grade(s):_____ Subject:_____

Grade(s):_____ Subject:_____

Full-Time Bilingual Pupil Personnel Services
(School Counselor, School Psychologist and
School Social Worker)

Full-Time Bilingual Teacher of Students with Speech
and Language Disabilities (TSSLD)

I affirm that the candidate will serve as a Bilingual special education teacher, ESL special education teacher, Bilingual TSSLD, or Bilingual PPS specialist in this school building **for a minimum of two years** upon successful completion of the ITI-BSE Program and New York State certification.

Date

TITLE

Signature of Superintendent/Building Principal (NYC)/Preschool Director

NYC Region Number, if applicable

Printed Name of Superintendent/Building Principal (NYC)/Preschool Director

For additional information on the ITI-BSE Program, please call: 631-244-4036