# Checklist for SEI Coursework to be Submitted to ADE

Instructions:

Please submit this completed checklist and all accompanying documentation to the Arizona Department of Education (ADE). If more than one course or delivery format will be offered, please submit a checklist and documentation for each. Send all materials to either:

Office of English Language Acquisition Services

1535 West Jefferson Street

Bin 31

Phoenix, AZ 85007

***OR***

SEICourseReview@azed.gov

## Course Syllabus:

Syllabus must be submitted with this checklist. The syllabus must include, at minimum:

* + Course overview
	+ Number of hours for each objective in framework
	+ Description of required materials

## Contact Information:

* Business/District/School Contact Information:

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

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Primary Instructor (If more than one instructor will be providing the training, please provide a document with all instructors and documentation of their credentials. This list must be submitted annually if instructors change.):

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

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Course Details:

Please select one grade level range. Courses must be specific to the grade level range selected; multiple courses must be submitted for approval at both levels.

* Elementary
* Secondary

Please indicate which type of entity applies.

* Private Company/Individual Trainer
* School District/Charter Holder
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Instructor Qualifications:

Qualified instructors must hold at least ONE OF the following credentials (check the appropriate option and provide documentation of credentials AND resume):

* Full ESL, or Bilingual Endorsement AND a minimum of three years of teaching experience working with English Learners (ELs)
* Full SEI endorsement AND a minimum of three (3) years of teaching experience working with ELs AND a recommendation from a supervisor, EL Coordinator, or Curriculum Director

## Delivery Plan:

Course will be provided in the following format (check one):

* Face to face
* Online
* Hybrid

## Intended Date of First Offering:

Date must be at least forty-five days after submission date.

* Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Curricular Materials:

Attach any curricular materials to be distributed or required at trainings. If not available for attachment, please submit complete citation information.

## Evaluation:

An evaluation form (survey) must be provided to all participants at the end of every course offering. Evaluations must be retained for a minimum of three years following each offering for potential audit. Please attach the evaluation form that will be used.

## Assurances:

By signing this form, the submitter agrees to the following assurances:

1. The syllabus meets the required objectives of the SEI course framework.
2. No significant changes will be made to the syllabus or any provided documentation without notification of the ADE.
3. Evaluations will be retained for a minimum of three years following each training.
4. Only the official certificate of completion provided by the ADE upon Arizona State Board of Education approval will be used and provided to participants.
5. Certificates of completion will only be provided to participants who have met all learning objectives as described in the course syllabus.

Name of Submitter:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Submitter:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Attachments:

* Syllabus
* List of additional instructors
* Instructor credentials
* Instructor resume
* Curricular materials
* Evaluation/Survey form