

**Professional Level II Education Specialist Credential Induction Program Plan
Deaf and Hard of Hearing
Part A: Coursework & Related Professional Development**

Name	Student ID	
Address	Student home phone	cell/pager
Current Employment	Email	Work phone
Employer Support Provider	Support Provider Phone	
Faculty Advisor	Faculty Advisor Phone	

INDUCTION AND SUPPORT (3 units)	REQUIRED	COMPLETED	EQUIVALENT
SPED 628DHH Induction and Support (3)	_____	_____	_____
SPECIALIZED STANDARDS (minimum of 6 units) <small>Equivalents may include non-IHE activities</small>	REQUIRED	COMPLETED	EQUIVALENT
SPED 695D Working with Very Young Deaf and Hard of Hearing Children and their Families (3)	_____	_____	_____
Special Populations Course (3)	_____	_____	_____
Advancement of Personal Communication Skills (see advisor)	_____	_____	_____
Involvement with the Deaf Community (see advisor)	_____	_____	_____
INDIVIDUALIZED REQUIREMENTS (Part B) Determined in collaboration with employer designated support provider and faculty advisor (may include non-IHE requirements).			
Completion of Part B: Summary of Individualized Requirements		_____	_____
		Faculty Signature	Date
ASSESSMENT OF PROFESSIONAL COMPETENCE (3 units)	REQUIRED	COMPLETED	EQUIVALENT
SPED 629DHH Assessment of Professional Competence (3)	_____	_____	_____
ADDITIONAL STATE REQUIREMENTS	REQUIRED	COMPLETED	EQUIVALENT
Health (HSCI 435 or HSCI 436)	_____	_____	_____
Technology – SPED 595T or other approved course	_____	_____	_____

SIGNATURES

STUDENT	DATE	FACULTY ADVISOR	DATE
EMPLOYER DESIGNATED SUPPORT PROVIDER	DATE	CREDENTIALS ANALYST	DATE
DEPARTMENT CHAIR	DATE		