ADMISSIONS PACKET

For students seeking the LBS II Endorsement in Transition Specialist,
UIC-HSD #214 Partnership

We are pleased that you are interested in seeking the Learning Behavior Specialist II (LBS II) Endorsement Option in Special Education from the Department of Special Education at UIC. This program is offered through the Office of Continuing Education that is affiliated with UIC College of Education.

The UIC College of Education is recognized as a leading research college where the development of new knowledge in education and its implications address the challenges and opportunities of urban schools. With the addition of the LBS II endorsement options, the UIC College of Education continues to expand its commitment to promote leadership through the dynamic interaction of teaching, research, and service in partnership with our racially, ethnically, and linguistically diverse communities. The UIC College of Education is also the only institution of higher education to offer five of the six Illinois endorsed programs in LBS II.

The Illinois endorsement programs offered in LBS II at UIC are:

- Behavior Intervention Specialist
- Transition Specialist
- Multiple Disabilities Specialist
- Curriculum Adaptation Specialist
- Assistive Technology Specialist

The coursework that constitutes our LBS II endorsement option is aligned with the State of Illinois standards for an LBSII Endorsement. Completion of the UIC LBSII program and passing the Illinois LBS2 exam will lead to the endorsement in LBSII as a Transition Specialist. All coursework must be completed at the UIC. Because the content of our courses is a coordinated program of study, courses from other university programs will NOT be accepted for transferred credit.

The admission packet contains instructions and required forms you will need to apply to the LBSII Endorsement Option as a Transition Specialist through UIC-HSD #214 Partnership. Please read the packet carefully and submit your completed application no later than May 15, 2016. Notification of acceptance into the program will occur prior to the start of the summer semester.

For persons with disabilities, the UIC COE works with the Disability Resource Center (DRC) to ensure the accessibility of UIC programs, courses and services to students with documented disabilities. For assistance, please contact DRC at (312) 413-2183 (voice), or (312) 413-0123 (TTY).

“Any member of the public who alleges age (under the Age Discrimination Employment Act) or disability (under Title II of the American with Disabilities Act) discrimination on the basis of class may refer to the Public Formal Grievance Procedures. The Public Formal Grievance Procedures addresses complaints of discrimination on the basis of age and/or disability in any activity, policy, rule, standard, or
method of administration that is related to the operation of a University program.” Please refer to the policy located at: http://oae.uic.edu/CLAR/GrievanceProcedures.htm or contact Office for Access and Equity (M/C 602)  
809 South Marshfield, Room 717  
Chicago, IL 60612  
(312) 996-8670
ADMISSIONS REQUIREMENTS

Applicants are considered on an individual basis and will be assessed on the quality of their application, including:

1. A Statement of Professional Goals
   The Statement of Professional Goals must reflect your interests and experiences with students with disabilities and your goals in obtaining your LBSII endorsement as a Transition Specialist. The coversheet included in this packet must accompany your statement.

2. Two Letters of Recommendation
   Please submit 2 typewritten letters on letterhead with specific comments on the applicant’s commitment to teaching transition age youth with disabilities. Descriptions of significant actions, accomplishments, and personal qualities related to scholarly achievement are particularly helpful. The typewritten letter, coversheet and the LBS II Candidate Recommendation Form must be sealed in an envelope with the author’s signature on the seal of the envelope for all two of your recommendation letters.

3. Transcripts
   One official, sealed copy of your transcripts from each college or university you have attended must be submitted. At least 2.75 GPA (A=4.00) for the final 60 semester hours (90 quarter hours) of undergraduate study, and/or 3.0 GPA for post baccalaureate or graduate coursework (if any) is required.

4. Resume
   Your resume must include all certificates and degrees you currently hold. Please include any leadership positions (in-school or out in the community) or positions that focus on transition or working with secondary-aged/youth with disabilities.

5. Verification of your FULL LBS1 Endorsement
   Applicants must be special education teachers who have a State of Illinois FULL LBS1 endorsement (ages 5-21). You must provide a copy of the screen shot from the ELIS website (http://www.isbe.net/ELIS/default.htm) showing that you have your FULL LBS1 Endorsement.

6. Interview
   You will be contacted by the Department of Special Education to arrange for a faculty interview.

7. International Applicant
   An international applicant whose native language is not English is required to take the Test of English as a Foreign Language (TOEFL) and submit his/her score to the Special Education office. This test is administered by the Educational Testing Service, Box 899, Princeton New Jersey 18540. A minimum score of 550 (paper) or 213 (computer) is required for admission to the LBS2 endorsement option in Special Education. A new version of the TOEFL is also offered in certain locations. This new version is called the TOEFL iBT. For information about these requirements, contact the Office of Student Services in the College of Education (312-996-4536).
Admissions Materials Checklist

Please use this checklist to make sure that you have submitted all required materials for the program you are applying for:

Special Education LBS II
UIC-HSD#214 Partnership

Application deadlines are as follows: May 15 for start date of Summer Session 2. Applications dated post-May 15, 2016 will not be reviewed.

The following should be submitted to:

Department of Special Education UIC-HSD#214 Partnership Review Committee
UIC College of Education – (M/C 147)
ATTN: Alex Cantero
1040 West Harrison
Chicago, Illinois 60607-7133

_____ Statement of Professional Goals (including cover sheet)
_____ 2 Letters of Recommendation (letter, cover sheet, and the LBS II Candidate Recommendation Form in a sealed and signed envelope for EACH recommendation)
_____ Resume
_____ Screen shot from ELIS system for proof of your FULL LBS1 Endorsement, ages 5 - 21
_____ One official sealed transcript(s) from each College or University you have attended

**Please submit ONE PACKAGE with all application materials above. If you need to send materials separately for any reason, please make sure that your full name is on each submission. Contact Alex Cantero at (312) 996-5650 to ensure that separate materials have been received.

When your application materials are complete, you will be contacted by the Department of Special Education to schedule a faculty interview. If you have any questions about the required information, contact Ms. Alex Cantero 312-996-5650, acante2@uic.edu or Lisa Cushing, PhD, lcushing@uic.edu.
GOAL STATEMENT COVER SHEET

Directions for the Applicant:
This cover sheet must be completed and attached to the statement of professional goals that you are submitting for admission to the LBS II Program at the University of Illinois at Chicago. If any of the information is missing, the statement will be considered incomplete and will not be reviewed.

Please print or type all information.

Applicant’s Name:____________________________________________________________
First       Middle       Last

Previous Name (if any):________________________________________________________________

Current Address:______________________________________________________________________
_____________________________________________________________________________________
City                                             State                                       Zip Code

Applicant’s Email:_____________________________________________________________________

Applicant’s Phone:_____________________________________________________________________
The Goal Statement consists of a typed essay of approximately 750 words (double-spaced). It should reflect your interests, related experiences, and goals with regard to supporting students with disabilities. Consider your strengths, achievements and leadership activities, both in-school and in the community, in connection to the transition age youth with disabilities. Some questions that may help to focus your statement are provided below:

- Why are you applying to the LBS II transition specialist endorsement option?
- Why do you believe that UIC is a good fit for you?
- What experiences have led you to seek an LBS II endorsement in transition?
- What are some of your beliefs/ideas regarding teaching and supporting transition-age youth with disabilities?
- What types of knowledge, skills, and experiences would you like to gain in this program?
- What unique experiences, interests, or knowledge do you bring that will be valuable to your peers?
- How have you demonstrated leadership in your school and community?
Instructions for completing the letters of recommendations

I. Instructions to the applicant:

Applicants should complete a cover sheet for each letter of recommendation that you are submitting to the College of Education for the purpose of admission to the LBS II Program. Please provide all information requested in Section I. Once you have read and completed the letter of recommendation cover sheet form, you should provide the writer of each letter of recommendation with the completed form. This form and the letter of recommendation should be included in your package of admissions materials. Please be sure that the letters are on letterhead, in a sealed envelope and that the writer has signed their name across the seal. The College of Education – Special Education Department will not accept faxes of recommendation letters or copies of letters given to the applicant.

Letter of Recommendation Cover Sheet
Learning Behavior Specialist II

Name of Applicant:____________________________________________________________________________________
First Middle Last

Previous Name (if any):________________________________________________________________________________________

Current Address:__________________________________________________________
__________________________________________________________________________________________
City                                             State                                             Zipcode

Applicant’s Email:____________________________________________________________________________
Applicant’s Phone:____________________________________________________________________________

Under the provisions of the Family Educational Rights and Privacy Act of 1974, and if you are admitted and enrolled, you will have access to the information provided in letters of recommendation UNLESS you have waived such access. Please sign and date below to inform us of your decision. Your choice will not affect your eligibility for admission.

I hereby waive my rights of access to the letter of recommendation prepared in response to this request

OR

I do not waive my rights of access to the letter of recommendation prepared in response to this request

_________________________                                           __________________________
Signature of applicant                  Date                                                       Signature of applicant                 Date

If section is not completed, applicant automatically waives his/her right to access.
II. **Instructions to the Recommender:**

The above named person is applying for admission to the Learning Behavior Specialist II program for Transition Specialist. You have been selected by the applicant to submit your comments on the applicant’s qualification. Please complete the candidate recommendation form, letter of recommendation and candidate disposition checklist.

Please mail it to the applicant or directly to:

Special Education LBS II UIC-HSD#214 Partnership Review Committee  
UIC College of Education – (M/C 147)  
ATTN: Alex Cantero  
1040 West Harrison, #1417  
Chicago, Illinois 60607-7133
UIC LBS II Candidate Recommendation Form

This top section is to be completed by the applicant before the form is given to the writer of recommendation:

Name of applicant: ________________________________________________________

Your relation to applicant:  _________________________________________________

Certificate program(s) sought: UIC-HSD#214 Partnership for LBS II Transition Specialist

Public Law 93-380 permits the student to inspect this recommendation if the following waiver is not signed. I voluntarily waive my right to access this recommendation under Public Law 93-380 so that it may be kept confidential.

____________________________________________
Signature of candidate
Letter of Recommendation
Learning Behavior Specialist II

The information supplied by the recommender will be used to assess the applicant’s qualifications for admission. Under the provisions of the Family Educational and Privacy Act of 1974, this applicant (if admitted and enrolled) will have access to your comments unless he/she has waived such access. Please attach a typewritten letter on letterhead with specific comments on the applicant’s strengths/abilities and limitations/challenges for graduate study. Descriptions of significant actions, accomplishments, and personal qualities related to scholarly achievement are particularly helpful. Several paragraphs will be more useful to the admission committee than one or two sentences. You may send this cover letter with your letter of recommendation directly to the applicant or, if necessary, to the College of Education at the address below. In either situation, please make sure the envelope is sealed and that you have signed it across the seal. If you have any questions or need further information, you may contact Alex Cantero at the Department of Special Education at 312-996-5650.

When writing your recommendation, please include information regarding:

1. Under what circumstances and for how long have you known the applicant?

2. The applicant’s commitment or potential for serving youth with disabilities in urban settings.

3. What you consider the applicant’s primary strengths and weaknesses, and how you feel these will affect the applicant’s performance in graduate study.

4. Your assessment regarding the applicant’s potential contributions to the field of special education with a Learning Behavior Specialist II endorsement in transition.

Name:_____________________________________________  Position: _____________________________________
(Please print or type)

Institution:_________________________________________  Phone Number:________________________________

Signature:_________________________________________  Date:__________________________________________
(Please sign)
**UIC LBS II Candidate Dispositional Checklist**

Please check the box indicating the candidate’s demonstration of the following indicators of professional disposition:

<table>
<thead>
<tr>
<th>Disposition Indicators</th>
<th>An area of strength</th>
<th>No concerns in this area</th>
<th>An area of concern</th>
<th>No occasion to observe</th>
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<tbody>
<tr>
<td>Commits to the democratic ideal of developing all students’ potential</td>
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<td>Sensitive to culture, race, language, gender religion, disability, socioeconomic status, and sexual orientation of students</td>
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<td>Shows respect, dignity and understanding of individuals with disabilities</td>
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<td>Shows respect and partnership with students’ families</td>
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<td>Responds appropriately to emergency and/or emotionally-charged situations</td>
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<td>Builds an inclusive learning environment that is a safe zone for students and adults</td>
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<td>Takes initiative and tries new teaching ideas</td>
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<td>Demonstrates a genuine commitment to professional development</td>
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<td>Shows intellectual curiosity</td>
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<td>Seeks learning opportunities to improve one’s own teaching</td>
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<td>Uses evidenced based practices in assessment and teaching and planning</td>
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<td>Uses self-reflection to make improvements to teaching and student learning</td>
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<td>Shows ability to identify, analyze, and propose solutions in problem solving</td>
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<td>Designs instructional environments that encourage and challenges students</td>
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<td>Shows positive attitude toward collaborating with others</td>
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<td>Collaborates respectfully with colleagues in small and large groups</td>
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<td>Shows effective interpersonal skills with colleagues, families, and related personnel</td>
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<td>Initiates appropriate leadership</td>
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<td>Believes that all students can be successful academically and socially</td>
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<td>Willing to teach and support all students</td>
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<td>Shows a professional demeanor appropriate for educational settings</td>
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<td>Organizes details and responsibilities</td>
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<td>Functions in a dependable manner in an organizational framework</td>
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<td>Addresses the responsibilities and expectations of current work position</td>
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If you marked any of the above as areas of concern, please explain and indicate the extent to which the candidate has improved or could improve: