|  |
| --- |
| **COMPETENCY REVIEW GUIDE**  **OFFICE OF EDUCATOR LICENSURE**  ***How to Satisfy and Document - Subject Matter Knowledge Competency Review Requirements*** |
| **Draft for Public Comment**  **May 2023** |

**Table of Contents:**

[INTRODUCTION 1](#_Toc135659555)

[HOW TO SATISFY COMPETENCY REVIEW REQUIREMENTS 2](#_Toc135659556)

[HOW TO DOCUMENT COMPLETION OF ANY ONE OF THESE OPTIONS 2](#_Toc135659557)

[Option I: Completion of a MA approved program for the license sought 2](#_Toc135659558)

[Option II: Completion of all coursework (except practicum) within a MA approved program for license field sought 2](#_Toc135659559)

[Option III: Completion of an educator preparation program outside of MA accepted by the Commissioner that is comparable to a MA Initial licensure program for the license field sought 2](#_Toc135659560)

[Option IV: Possession of a license from another state for a field that is comparable to the field of the MA license sought and comparable to at least an MA Initial license 2](#_Toc135659561)

[Option V: Structured Guidance & Supports Path 3](#_Toc135659562)

[Option VI: Department Approved Assessments: 3](#_Toc135659563)

[Moderate Disabilities: 3](#_Toc135659564)

[Library: 4](#_Toc135659565)

[Foreign Language/World Language American Sign Language: 4](#_Toc135659566)

[Foreign Language/World Languages for which there is no MTEL subject matter test for the language: 4](#_Toc135659567)

[Option VIII: Seminar or workshop*:* 5](#_Toc135659568)

[Option IX: School-based mentored employment/peer coaching: 5](#_Toc135659569)

[SUBJECT MATTER KNOWLEDGE COMPETENCY REVIEW REQUIREMENTS AND THE TEMPLATES TO BE USED TO DOCUMENT THAT A REQUIREMENT(S) HAS BEEN COMPLETELY SATISFIED 6](#_Toc135659570)

[\*Digital Literacy/Computer Science (Prek-6) 6](#_Toc135659571)

[General Science (1-6) 6](#_Toc135659572)

[History (1-6) 10](#_Toc135659573)

[History/Social Science (1-6) 14](#_Toc135659574)

[Library (All Levels) 18](#_Toc135659575)

[Teacher of the Deaf and Hard-Of-Hearing [American Sign Language/Total Communication] (All Levels) 22](#_Toc135659576)

[Teacher of the Deaf and Hard-Of-Hearing [Oral/Aural] (All Levels) 26](#_Toc135659577)

[Teacher of Students with Moderate Disabilities (Prek-8 And 5-12) 30](#_Toc135659578)

[Teacher of Students with Severe Disabilities (All Levels) 34](#_Toc135659579)

[Teacher of the Visually Impaired (All Levels) 38](#_Toc135659580)

[Foreign Language/World Language (Where There Is No MTEL Subject Matter Test for The Language) 42](#_Toc135659581)

[Foreign Language/World Languages (PreK-8) and (5-12) - Where There is no MTEL subject matter test for the Language: 42](#_Toc135659582)

[Foreign Language/World Language American Sign Language (Prek-6 And 5-12) 50](#_Toc135659583)

[COMPONENTS OF EACH SUBJECT MATTER KNOWLEDGE COMPETENCY REVIEW REQUIREMENT 54](#_Toc135659584)

[Digital Literacy/Computer Science (PreK-6) 54](#_Toc135659585)

[General Science (1-6) 54](#_Toc135659586)

[History (1-6) 55](#_Toc135659587)

[History/Social Science (1-6) 55](#_Toc135659588)

[Library (All Levels) 57](#_Toc135659589)

[Teacher of the Deaf and Hard-of-Hearing [American Sign Language/Total Communication] (All Levels) 58](#_Toc135659590)

[Teacher of the Deaf and Hard-of-Hearing [Oral/Aural] (All Levels) 60](#_Toc135659591)

[Teacher of Students with Moderate Disabilities (PreK-8 and 5-12) 61](#_Toc135659592)

[Teacher of Students with Severe Disabilities (All Levels) 62](#_Toc135659593)

[Teacher of the Visually Impaired (All Levels) 64](#_Toc135659594)

[Foreign Language/World Language [No MTEL] (PreK-6) 66](#_Toc135659595)

[Foreign Language/World Language [No MTEL] (5-12) 67](#_Toc135659596)

[Foreign Language/World Language [American Sign Language] (PreK-6 AND 5-12) 68](#_Toc135659597)

[REQUIREMENTS PARTIALLY SATISFIED SAMPLE VERIFICATION LETTER TEMPLATES 70](#_Toc135659598)

[Requirement Partially Satisfied Through Coursework Sample Verification Letter Template 70](#_Toc135659599)

[Requirement Partially Satisfied Through Seminar/Workshop Sample Verification Letter Template 72](#_Toc135659600)

[Requirement Partially Satisfied Through Mentored Employment and/or Peer Coaching Sample Verification Letter Template 74](#_Toc135659601)

# INTRODUCTION

**What is a Competency Review?**

The process for determining whether the subject matter knowledge requirements for a license have been met in a field for which there is no subject matter knowledge test\* and elsewhere as required in the Regulations for Educator Licensure and Preparation Program Approval 603 CMR 7.00, using Department guidelines.

\* Please note that when a subject matter knowledge test becomes available, a passing score is required.

**What licenses are impacted?**

These competency review guidelines are intended to assist applicants seeking to obtain a license noted below at the Provisional type, or as an additional license at the Initial or Professional type.

* \*Digital Literacy/Computer Science (PreK-6)
* General Science (1-6) see note below
* History (1-6) see note below
* History/Social Science (1–6) see note below
* Library (All)
* Teacher of the Deaf and Hard-of-Hearing [American Sign Language/Total Communication] (All)
* Teacher of the Deaf and Hard-of-Hearing [Oral/Aural] (All)
* Teacher of Students with Moderate Disabilities (PreK- 8); (5-12)
* Teacher of Students with Severe Disabilities (All)
* Teacher of the Visually Impaired (All)
* Foreign Language/World Language (PreK-6) - where there is no MTEL subject matter test for the language
* Foreign Language/World Language (5-12) - where there is no MTEL subject matter test for the language
* Foreign Language/World Language American Sign Language (PreK-6); (5-12)

\* Competency Review Requirements need to be determined. Currently they can be satisfied by achieving a passing score on the Digital Literacy and Computer Science subject matter test

Please note that an applicant for a **General Science 1-6** license has the option of passing the MTEL General Science subject matter test in lieu of satisfying the competency review for the license. An applicant for a **History (1-6)** license or a **History/Social Science 1-6** license has the option of passing the MTEL History subject matter test or the History/Social Science subject matter test in lieu of satisfying the competency review for the license.

Licensure requirements for the licenses noted above may be found by visiting the Licensure Requirements Tool: [www.doe.mass.edu/licensurehelp](http://www.doe.mass.edu/licensurehelp)

# HOW TO SATISFY COMPETENCY REVIEW REQUIREMENTS

* Completion of a MA approved program for the license sought
* Completion of all coursework (except practicum) within a MA approved program for license field sought
* Completion of an educator preparation program outside of MA accepted by the Commissioner that is comparable to a MA Initial licensure program for the license field sought
* Possession of a license from another state for a field that is comparable to field of the MA license sought and comparable to at least an MA Initial license
* Completion of the Structured Guidance & Supports (SG&S) path- (only available for special needs licenses)
* Completion of professional learning experiences that provided at least 10 hours of instruction specific to and completely covering a subject matter knowledge competency review “Coverage of” requirement. These professional learning experiences include coursework, seminars, workshops, mentored employment, peer coaching and Department approved assessments Please note that professional learning experiences that are solely self-taught (no instructor involved) would not be applicable toward these hours.

# HOW TO DOCUMENT COMPLETION OF ANY ONE OF THESE OPTIONS

## Option I: Completion of a MA approved program for the license sought

* Documented by an electronic endorsement in ELAR by the program provider verifying the completion of a MA approved educator preparation program for the license field sought.

## Option II: Completion of all coursework (except practicum) within a MA approved program for license field sought

* Documented by an official transcript supporting completion of all coursework within a MA approved Initial licensure program for the field sought and a letter signed by the dean, registrar or licensure officer stating that the applicant completed all coursework within an approved program except for the practicum.

## Option III: Completion of an educator preparation program outside of MA accepted by the Commissioner that is comparable to a MA Initial licensure program for the license field sought

* Documented by an official transcript and a correctly completed, signed, and affixed sealed/stamped Verification of Completion of an Approved Educator Preparation Program Outside of Massachusetts Form indicating completion of an approved program for the license field sought. <https://www.doe.mass.edu/licensure/academic-prek12/form-verify-oos-approve-prep-program.docx>.
* Educators prepared outside of the United States may also document compliance with this option by complying with the Foreign Teacher Panel (FTP) Guidelines <https://www.doe.mass.edu/licensure/academic-prek12/guidelines-foreign-teacher-panel.docx>.

## Option IV: Possession of a license from another state for a field that is comparable to the field of the MA license sought and comparable to at least an MA Initial license

* Documented by a copy of a license/certificate issued by a state/jurisdiction with which Massachusetts has signed the NASDTEC Interstate Contract. This license/certificate must be comparable to at least the Initial license for the field sought in Massachusetts.

**Or**

* A hand signed letter on official letterhead from the issuing authority stating the field, grade level, and type of the license/certificate held by an applicant. The letter must be signed by an authorized signatory and be on official letterhead. The field, grade level, and type of the license noted in this letter must be comparable to at least the Initial license in the field sought in Massachusetts.

Or

* A copy of the issuing authority's electronic file verifying the license/certificate held by an applicant, along with the official URL for that file. The license noted must be comparable to at least the Initial license in the field and grade level of the license sought in Massachusetts.

## Option V: Structured Guidance & Supports Path

* Documented by the appropriate license specific SG&S Licensure Form. Currently, this option may not be available for all licenses requiring a competency review. If this option is available, then a SG&S Licensure Form can be found within the license specific appendix on the Structured Guidance & Supports (SG&S) <http://www.doe.mass.edu/licensure/academic-prek12/sgs/>. The form must be complete and contain all required signatures.

## Option VI: Department Approved Assessments:

For some license areas, the Department has accepted a non-MTEL test to cover one or more competency review requirements. An example of a non-MTEL test that is accepted as part of the competency review is a score report documenting that at least an Advanced Low score on the American Council for the Teaching of Foreign Languages/World Languages (ACTFL) OPI and WPT proficiency tests. Department Approved Assessments are available for the following license areas: Moderate Disabilities, Library, and Foreign Languages/World Languages with no MTEL in place and American Sign Language. Non MTEL tests that the Department will accept are license specific and may evolve over time. A candidate can learn about these options by applying for the license or by referring to the following list:

### Moderate Disabilities:

* A passing score on any of the following exams satisfies all requirements within a Competency Review:
* The National Evaluation Series (NES) Special Education (601) Test adopted by Arizona and Oregon
* The Exceptional Student Education K-12 (061) Test adopted by Florida
* The NYSTCE Students with Disabilities (060) Test adopted by New York
* The Learning Behavior Specialist I (155) Test adopted by Illinois
* The MTLE Special Education Core Skills Test adopted by Minnesota
* The MEGA Mild/Moderate Cross Categorical Special Education Test (050) adopted by Missouri
* The OAE Special Education (043) Test adopted by Ohio
* The CEOE Mild-Moderate Disabilities (129) Test adopted by Oklahoma
* The PECT Special Education PreK-8 & 7-12 Test adopted by Pennsylvania prior to 2022
* The WEST-E Special Education (070) Test adopted by Washington
* A passing score on the Texas Special Education EC-12 (161) test satisfies all requirements except “Instruction on appropriate use of augmentative and alternative communication and other assistive technologies”.
* A passing score on any of the following exams satisfies all requirements except “Preparation, implementation, and evaluation of Individualized Education Programs” and “Instruction on appropriate use of augmentative and alternative communication and other assistive technologies”.
* The Praxis II 5543 test
  + The Praxis II 5354 test
* A passing score on the “Old” Moderate Disabilities MTEL which is no longer administered satisfies all competency review “coverage of” requirements except “Instruction on appropriate use of augmentative and alternative communication and other assistive technologies” when the testing company verifies this option electronically.

### Library:

* A passing score on any of the following exams satisfies all requirements within a Competency Review:
  + The Praxis II 5311 Library Media Specialist Test
  + The National Evaluation Series (NES) School Library Media Specialist (502) Test adopted by Arizona and Oregon
  + The Educational Media Specialist PK-12 (010) Test adopted by Florida
  + The GACE Media Specialist Assessment (Combined 601) Test adopted by Georgia
  + The ILTS Library Information Specialist (175) Test adopted by Illinois
  + The MTTC Library Media (048) Test adopted by Michigan
  + The MTLE Library Media Specialist Test adopted by Minnesota
  + The MEGA Library Media Specialist (042) Test adopted by Missouri
  + The NYSTCE Library Medial Specialist (074) Test adopted by New York
  + The CEOE Library-Medial Specialist (038) Test adopted by Oklahoma
  + The TExEs School Librarian (150) Test adopted by Texas
  + The WEST-E Library Media (042) Test adopted by Washington

### Foreign Language/World Language American Sign Language:

* A passing score (rating of at least intermediate) on the SLPI: ASL test will satisfy “Expressive and receptive fluency in American Sign Language at a level of proficiency set by the Board”
* A passing score on all 3 subtests of the California Subject Examination for Teachers American Sign Language exam will satisfy all requirements except for: Expressive and receptive fluency in American Sign Language at a level of proficiency set by the Board; and Knowledge of methods of instruction in American Sign Language.

### Foreign Language/World Languages for which there is no MTEL subject matter test for the language:

* At least an Advanced Low score on the American Council for the Teaching of Foreign Languages (ACTFL) OPI and WPT proficiency tests satisfies “Spoken and written command of a standard version of the target language (the version used by a formally educated speaker of the language)”

**Coursework:**

Documented by an official college /university transcript and one of the following two letters. If a requirement(s) has been completely satisfied through coursework, please submit a letter that includes the information noted in the **Requirement Completely Satisfied through Coursework Sample Verification Letter Template** found under each specific license listed below. If a requirement has been partially satisfied through coursework, please submit a letter that includes the information noted in **the Requirement Partially Satisfied through Coursework Sample Verification Letter Template** which is found under each specific license in the **COMPONENTS OF EACH SUBJECT MATTER KNOWLEDGE COMPETENCY REVIEW REQUIREMENT** section at the end of this document.

## Option VIII: Seminar or workshop*:*

Documented by one of the following two letters from the organization that provided the seminar or workshop. If a requirement(s) has been completely satisfied through the seminar or workshop, please submit a letter that includes the information noted in **the Requirement Completely Satisfied through Seminar/Workshop Sample Verification Letter Template** found under each specific license listed below. If a requirement has been partially satisfied through a seminar or workshop, please submit a letter that includes the information noted in the **Requirement Partially Satisfied through Seminar/Workshop Sample Verification Letter Template** which is found under each specific license in the **COMPONENTS OF EACH SUBJECT MATTER KNOWLEDGE COMPETENCY REVIEW REQUIREMENT** section at the end of this document

## Option IX: School-based mentored employment/peer coaching:

Documented by a letter, on official letterhead signed by the Superintendent (or equivalent in a private/non-public school). If a requirement(s) has been completely satisfied through the mentored employment/peer coaching, then the letter must include all the information noted in the **Requirement Completely Satisfied through Mentored Employment/Peer Coaching Sample Verification Letter Template** found under each specific license listed below. If a requirement has been partially satisfied through mentored employment/peer coaching, please submit a letter that includes all the information noted in the **Requirement Partially Satisfied through Mentored Employment/Peer Coaching Sample Verification Letter Template** which is found under each specific license in the **COMPONENTS OF EACH SUBJECT MATTER KNOWLEDGE COMPETENCY REVIEW REQUIREMENT section at the end of this document.**

Please note that the mentor must have been trained as a mentor, hold a MA Initial or Professional license in the field of the license sought at the appropriate grade level, and have a combined total of at least three full years of experience under the Initial and/or Professional license

NOTE: Providers of professional learning experiences may be in a position to write a letter as noted above; however, it is up to the discretion of the provider to issue such a letter and it is not a requirement or expectation of the Office of Educator Licensure. All documentation submitted in support of a competency review will be reviewed and considered for compliance to requirements. The Office of Educator Licensure may seek further clarification if needed.

# SUBJECT MATTER KNOWLEDGE COMPETENCY REVIEW REQUIREMENTS AND THE TEMPLATES TO BE USED TO DOCUMENT THAT A REQUIREMENT(S) HAS BEEN COMPLETELY SATISFIED

Generally, the Department refers to satisfying a subject matter knowledge competency review requirement as “Coverage of.” The following are a list of the “coverage of” requirements for each license followed by the three letter templates authorized signees should use to document that one or more requirements have been completely satisfied with at least 10 hours of instruction for each requirement through coursework, seminars, workshops and/or mentored employment/peer coaching

### \***Digital Literacy/Computer Science (Prek-6)**

**Coverage of:**

* TBD

### General Science (1-6)

**Coverage of:**

* Ecosystems, organism structures and processes, heredity, and biological evolution.
* Energy and energy transfer, waves, and their application.
* Earth's place in the universe, Earth's system, and human impacts on Earth's system.
* Science and engineering practices as applied to the sciences, and safety.
* Engineering design process.
* Matter and its interactions, forces, and motion.

**OR**

* Pass the MTEL General Science subject matter test.

**Requirement Completely Satisfied through Coursework Sample Verification Letter Template**

This template is intended for college/university officials authorized by the Office of Educator Licensure (\*authorized signees) to **prepare a letter verifying that an individual has completely satisfied a competency review requirement or requirements** for the **Massachusetts** **General Science 1-6** license through coursework that provided at least ten (10) hours of instruction specific to and completely covering each competency review requirement noted within the letter. **Letters must be on official letterhead of the college or university.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Attestation Statement:**  **[*Insert the student’s name and MEPID]*** *received at least ten (10) hours of instruction specific to and completely covering each Competency Review Requirement listed below for the General Science 1-6 license through the successful completion of the following coursework.* | | | |
| **Insert prefix(es), number(s) and title(s) of course(s):** | | | |
|  | | | |
|  | | | |
|  | | | |
| [The following are Competency Review Requirements. The **authorized signee should delete any requirements that have not been completely satisfied** within the identified coursework.]   * Ecosystems, organism structures and processes, heredity, and biological evolution. * Energy and energy transfer, waves, and their application. * Earth's place in the universe, Earth's system, and human impacts on Earth's system. * Science and engineering practices as applied to the sciences, and safety. * Engineering design process. * [Matter and its interactions, forces, and motion](https://gateway.edu.state.ma.us/elaradmin/requirement.aspx?mode=edit&MISR_ID=2238). | | | |
| ***I attest that the statement and information above are true and accurate as attested to by my signature and title.*** | | | |
| Printed Name: |  | Signature: |  |
| Title: |  | | |
| *(\*course instructor, licensure officer, appropriate department chair, program director, assistant dean, dean, registrar, provost, vice-president, president, or chancellor)* | | | |
| **Must be on Official College/University Letterhead** | | | |

**Please note:** The Department may contact signees if any clarification is needed. Documents may be uploaded into your ELAR account or mailed to the Office of Educator Licensure. Information regarding submitting documents may be found at <http://www.doe.mass.edu/licensure/elar/>.

**Requirement Completely Satisfied through Seminar/Workshop Sample Verification Letter Template**

This template is intended for officials authorized by the Office of Educator Licensure (\*authorized signees) to **prepare a letter verifying that an individual has completely satisfied a competency review requirement or requirements** for the **Massachusetts General Science 1-6** license through a seminar(s) and/or workshop(s) that provided at least ten (10) hours of instruction specific to and completely covering each competency review requirement noted within the letter. **Letters must be on official letterhead of the organization that provided the professional learning experience.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Attestation Statement:**  ***[Insert the student’s name and MEPID]*** *received at least ten (10) hours of instruction specific to and completely covering each Competency Review Requirement listed below for the General Science 1-6 license through the successful completion of the following professional learning experience(s). These hours of instruction were delivered by a* ***[Insert the name of the organization that provided the professional learning experience]*** *appointed instructor(s).* | | | |
| **Insert title of seminar(s) and/or workshop(s):** | | | |
|  | | | |
|  | | | |
|  | | | |
| [The following are Competency Review Requirements. The **authorized signee should delete any requirements that have not been completely satisfied** within the identified professional learning experience(s).   * Ecosystems, organism structures and processes, heredity, and biological evolution. * Energy and energy transfer, waves, and their application. * Earth's place in the universe, Earth's system, and human impacts on Earth's system. * Science and engineering practices as applied to the sciences, and safety. * Engineering design process. * [Matter and its interactions, forces, and motion](https://gateway.edu.state.ma.us/elaradmin/requirement.aspx?mode=edit&MISR_ID=2238) | | | |
| ***I attest that the statement and information above are true and accurate as attested to by my signature and title:*** | | | |
| Printed Name: |  | Signature: |  |
| Title: |  | | |
| *\* An appropriate representative of the organization that provided the professional learning experience (e.g., instructor, director, principal, executive director, superintendent, etc.)* | | | |
| **Must be on Official Letterhead of the Organization that Provided the Professional Learning Experience** | | | |

**Please note:** The Department may contact signees if any clarification is needed. Documents may be uploaded into your ELAR account or mailed to the Office of Educator Licensure. Information regarding submitting documents may be found at <http://www.doe.mass.edu/licensure/elar/>

**Requirement Completely Satisfied through Mentored Employment and/or Peer Coaching Sample Verification Letter Template**

This template is intended for superintendents or the equivalent of superintendents in private/non-public schools to **prepare a letter verifying that an individual has completely satisfied a competency review requirement** for the **Massachusetts General Science 1-6** license through mentored employment and/or peer coaching. **Letters** **must be on official school letterhead.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Attestation Statement:**  ***[Insert the student’s name and MEPID]*** *received at least ten (10) hours of instruction through mentored employment and/or peer coaching specific to and completely covering each of the competency review requirements for the General Science 1-6 license listed in this letter. The mentor noted below delivered this mentored employment and/or peer coaching.* | | | | | | | | |
| **Insert Mentor’s Name and MEPID/License #:** | | |  | | | | | |
| **Insert Start Date of Mentored Employment/Peer Coaching:** | | | | | M/D/Y | | **Insert end date:** | M/D/Y |
| **Insert Name of School/District:** | |  | | | | | | |
| [The following are Competency Review Requirements. The superintendent/equivalentshould **delete any requirements that have not been completely satisfied through the noted mentored employment and/or peer coaching**   * Ecosystems, organism structures and processes, heredity, and biological evolution. * Energy and energy transfer, waves, and their application. * Earth's place in the universe, Earth's system, and human impacts on Earth's system. * Science and engineering practices as applied to the sciences, and safety. * Engineering design process. * [Matter and its interactions, forces, and motion](https://gateway.edu.state.ma.us/elaradmin/requirement.aspx?mode=edit&MISR_ID=2238) | | | | | | | | |
| ***I attest that the statement and information above are true and accurate as attested to by my signature and title:*** | | | | | | | | |
| Printed Name: |  | | | Signature: | |  | | |
| Title: |  | | | | | | | |
| *(Superintendent or equivalent [private school])* | | | | | | | | |
| **Must be on Official School Letterhead** | | | | | | | | |

**Please note:** The Department may contact signees if any clarification is needed. Documents may be uploaded into your ELAR account or mailed to the Office of Educator Licensure. Information regarding submitting documents may be found at <http://www.doe.mass.edu/licensure/elar/>

### History (1-6)

**Coverage of:**

* United States History.
* World History.
* Geography.
* Economics.
* Civics & Government.
* News/Media Literacy.

**(OR)**

* Pass the MTEL History or History/Social Science subject matter test

**Requirement Completely Satisfied through Coursework Sample Verification Letter Template**

This template is intended for college/university officials authorized by the Office of Educator Licensure (\*authorized signees) to **prepare a letter verifying that an individual has completely satisfied a competency review requirement or requirements** for the **Massachusetts History 1-6** license through coursework that provided at least ten (10) hours of instruction specific to and completely covering each competency review requirement noted within the letter. **Letters must be on official letterhead of the college or university.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Attestation Statement:**  **[*Insert the student’s name and MEPID]*** *received at least ten (10) hours of instruction specific to and completely covering each Competency Review Requirement listed below for the History 1-6 license through the successful completion of the following coursework.* | | | |
| **Insert prefix(es), number(s) and title(s) of course(s):** | | | |
|  | | | |
|  | | | |
|  | | | |
| [The following are Competency Review Requirements. The **authorized signee should delete any requirements that have not been completely satisfied** within the identified coursework.]   * United States History. * World History. * Geography. * Economics. * Civics & Government. * News/Media Literacy. | | | |
| ***I attest that the statement and information above are true and accurate as attested to by my signature and title.*** | | | |
| Printed Name: |  | Signature: |  |
| Title: |  | | |
| *(\*course instructor, licensure officer, appropriate department chair, program director, assistant dean, dean, registrar, provost, vice-president, president, or chancellor)* | | | |
| **Must be on Official College/University Letterhead** | | | |

**Please note:** The Department may contact signees if any clarification is needed. Documents may be uploaded into your ELAR account or mailed to the Office of Educator Licensure. Information regarding submitting documents may be found at <http://www.doe.mass.edu/licensure/elar/>.

**Requirement Completely Satisfied through Seminar/Workshop Sample Verification Letter Template**

This template is intended for officials authorized by the Office of Educator Licensure (\*authorized signees) to **prepare a letter verifying that an individual has completely satisfied a competency review requirement or requirements** for the **Massachusetts History 1-6** license through a seminar(s) and/or workshop(s) that provided at least ten (10) hours of instruction specific to and completely covering each competency review requirement noted within the letter. **Letters must be on official letterhead of the organization that provided the professional learning experience.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Attestation Statement:**  ***[Insert the student’s name and MEPID]*** *received at least ten (10) hours of instruction specific to and completely covering each Competency Review Requirement listed below for the History 1-6 license through the successful completion of the following professional learning experience(s). These hours of instruction were delivered by a* ***[Insert the name of the organization that provided the professional learning experience]*** *appointed instructor(s).* | | | |
| **Insert title of seminar(s) and/or workshop(s):** | | | |
|  | | | |
|  | | | |
|  | | | |
| [The following are Competency Review Requirements. The **authorized signee should delete any requirements that have not been completely satisfied** within the identified professional learning experience(s).   * United States History. * World History. * Geography. * Economics. * Civics & Government. * News/Media Literacy. | | | |
| ***I attest that the statement and information above are true and accurate as attested to by my signature and title:*** | | | |
| Printed Name: |  | Signature: |  |
| Title: |  | | |
| *\* An appropriate representative of the organization that provided the professional learning experience (e.g., instructor, director, principal, executive director, superintendent, etc.)* | | | |
| **Must be on Official Letterhead of the Organization that Provided the Professional Learning Experience** | | | |

**Please note:** The Department may contact signees if any clarification is needed. Documents may be uploaded into your ELAR account or mailed to the Office of Educator Licensure. Information regarding submitting documents may be found at <http://www.doe.mass.edu/licensure/elar/>

**Requirement Completely Satisfied through Mentored Employment and/or Peer Coaching Sample Verification Letter Template**

This template is intended for superintendents or the equivalent of superintendents in private/non-public schools to **prepare a letter verifying that an individual has completely satisfied a competency review requirement** for the **Massachusetts History 1-6** license through mentored employment and/or peer coaching. **Letters** **must be on official school letterhead.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Attestation Statement:**  ***[Insert the student’s name and MEPID]*** *received at least ten (10) hours of instruction through mentored employment and/or peer coaching specific to and completely covering each of the competency review requirements for the History 1-6 license listed in this letter. The mentor noted below delivered this mentored employment and/or peer coaching.* | | | | | | | |
| **Insert Mentor’s Name and MEPID/License #:** | | |  | | | | |
| **Insert Start Date of Mentored Employment/Peer Coaching:** | | | | M/D/Y | | **Insert end date:** | M/D/Y |
| **Insert Name of School/District:** | |  | | | | | |
| [The following are Competency Review Requirements. The superintendent/equivalentshould **delete any requirements that have not been completely satisfied through the noted mentored employment and/or peer coaching**   * United States History. * World History. * Geography. * Economics. * Civics & Government. * News/Media Literacy. | | | | | | | |
| ***I attest that the statement and information above are true and accurate as attested to by my signature and title:*** | | | | | | | |
| Printed Name: |  | | | Signature: |  | | |
| Title: |  | | | | | | |
| *(Superintendent or equivalent [private school])* | | | | | | | |
| **Must be on Official School Letterhead** | | | | | | | |

**Please note:** The Department may contact signees if any clarification is needed. Documents may be uploaded into your ELAR account or mailed to the Office of Educator Licensure. Information regarding submitting documents may be found at <http://www.doe.mass.edu/licensure/elar/>

### History/Social Science (1-6)

**Coverage of:**

* + United States history from early colonization to the Civil War, as well as the continued struggle for civil rights for all in the 20th and 21st centuries.
  + Major events, developments, and figures in Massachusetts history, including the histories and cultures of Native Peoples in the region.
  + Major political, economic, social, cultural, and technological developments in world history to approximately 1500 CE.
  + United States political principles, institutions, and processes, their history and development.
  + Major physical features of Massachusetts, the United States, and the world; foundational concepts of geography appropriate to the elementary school curriculum, and the relationship between geography and culture.
  + Foundational economic principles and concepts appropriate to the elementary school curriculum.
  + Foundational civic principles and concepts appropriate to the elementary school curriculum.
  + The variety of methods, procedures, and sources used in the study of history and social science.
  + The range of disciplinary skills used in the process of history and social science inquiry and research as described by the Standards for History and Social Science Practice in the Massachusetts Framework.
  + Guiding principles of effective, culturally, and linguistically sustaining history and social science education, including strategies to support all students in honest and informed academic discussions of prejudice, racism, and bigotry.

**Requirement Completely Satisfied through Coursework Sample Verification Letter Template**

This template is intended for college/university officials authorized by the Office of Educator Licensure (\*authorized signees) to **prepare a letter verifying that an individual has completely satisfied a competency review requirement or requirements** for the **Massachusetts History/Social Science 1-6** license through coursework that provided at least ten (10) hours of instruction specific to and completely covering each competency review requirement noted within the letter. **Letters must be on official letterhead of the college or university.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Attestation Statement:**  **[*Insert the student’s name and MEPID]*** *received at least ten (10) hours of instruction specific to and completely covering each Competency Review Requirement listed below for the History/ Social Science 1-6 license through the successful completion of the following coursework.* | | | |
| **Insert prefix(es), number(s) and title(s) of course(s):** | | | |
|  | | | |
|  | | | |
|  | | | |
| [The following are Competency Review Requirements. The **authorized signee should delete any requirements that have not been completely satisfied** within the identified coursework.]   * + United States history from early colonization to the Civil War, as well as the continued struggle for civil rights for all in the 20th and 21st centuries.   + Major events, developments, and figures in Massachusetts history, including the histories and cultures of Native Peoples in the region.   + Major political, economic, social, cultural, and technological developments in world history to approximately 1500 CE.   + United States political principles, institutions, and processes, their history and development.   + Major physical features of Massachusetts, the United States, and the world; foundational concepts of geography appropriate to the elementary school curriculum, and the relationship between geography and culture.   + Foundational economic principles and concepts appropriate to the elementary school curriculum.   + Foundational civic principles and concepts appropriate to the elementary school curriculum.   + The variety of methods, procedures, and sources used in the study of history and social science.   + The range of disciplinary skills used in the process of history and social science inquiry and research as described by the Standards for History and Social Science Practice in the Massachusetts Framework.   + Guiding principles of effective, culturally, and linguistically sustaining history and social science education, including strategies to support all students in honest and informed academic discussions of prejudice, racism, and bigotry. | | | |
| ***I attest that the statement and information above are true and accurate as attested to by my signature and title.*** | | | |
| Printed Name: |  | Signature: |  |
| Title: |  | | |
| *(\*course instructor, licensure officer, appropriate department chair, program director, assistant dean, dean, registrar, provost, vice-president, president, or chancellor)* | | | |
| **Must be on Official College/University Letterhead** | | | |

**Please note:** The Department may contact signees if any clarification is needed. Documents may be uploaded into your ELAR account or mailed to the Office of Educator Licensure. Information regarding submitting documents may be found at <http://www.doe.mass.edu/licensure/elar/>.

**Requirement Completely Satisfied through Seminar/Workshop Sample Verification Letter Template**

This template is intended for officials authorized by the Office of Educator Licensure (\*authorized signees) to **prepare a letter verifying that an individual has completely satisfied a competency review requirement or requirements** for the **Massachusetts History /Social Science 1-6** license through a seminar(s) and/or workshop(s) that provided at least ten (10) hours of instruction specific to and completely covering each competency review requirement noted within the letter. **Letters must be on official letterhead of the organization that provided the professional learning experience.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Attestation Statement:**  ***[Insert the student’s name and MEPID]*** *received at least ten (10) hours of instruction specific to and completely covering each Competency Review Requirement listed below for the History /Social Science 1-6 license through the successful completion of the following professional learning experience(s). These hours of instruction were delivered by a* ***[Insert the name of the organization that provided the professional learning experience]*** *appointed instructor(s).* | | | |
| **Insert title of seminar(s) and/or workshop(s):** | | | |
|  | | | |
|  | | | |
|  | | | |
| [The following are Competency Review Requirements. The **authorized signee should delete any requirements that have not been completely satisfied** within the identified professional learning experience(s).   * + United States history from early colonization to the Civil War, as well as the continued struggle for civil rights for all in the 20th and 21st centuries.   + Major events, developments, and figures in Massachusetts history, including the histories and cultures of Native Peoples in the region.   + Major political, economic, social, cultural, and technological developments in world history to approximately 1500 CE.   + United States political principles, institutions, and processes, their history and development.   + Major physical features of Massachusetts, the United States, and the world; foundational concepts of geography appropriate to the elementary school curriculum, and the relationship between geography and culture.   + Foundational economic principles and concepts appropriate to the elementary school curriculum.   + Foundational civic principles and concepts appropriate to the elementary school curriculum.   + The variety of methods, procedures, and sources used in the study of history and social science.   + The range of disciplinary skills used in the process of history and social science inquiry and research as described by the Standards for History and Social Science Practice in the Massachusetts Framework.   + Guiding principles of effective, culturally, and linguistically sustaining history and social science education, including strategies to support all students in honest and informed academic discussions of prejudice, racism, and bigotry. | | | |
| ***I attest that the statement and information above are true and accurate as attested to by my signature and title:*** | | | |
| Printed Name: |  | Signature: |  |
| Title: |  | | |
| *\* An appropriate representative of the organization that provided the professional learning experience (e.g., instructor, director, principal, executive director, superintendent, etc.)* | | | |
| **Must be on Official Letterhead of the Organization that Provided the Professional Learning Experience** | | | |

**Please note:** The Department may contact signees if any clarification is needed. Documents may be uploaded into your ELAR account or mailed to the Office of Educator Licensure. Information regarding submitting documents may be found at <http://www.doe.mass.edu/licensure/elar/>

**Requirement Completely Satisfied through Mentored Employment and/or Peer Coaching Sample Verification Letter Template**

This template is intended for superintendents or the equivalent of superintendents in private/non-public schools to **prepare a letter verifying that an individual has completely satisfied a competency review requirement** for the **Massachusetts History/Social Science 1-6** license through mentored employment and/or peer coaching. **Letters** **must be on official school letterhead.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Attestation Statement:**  ***[Insert the student’s name and MEPID]*** *received at least ten (10) hours of instruction through mentored employment and/or peer coaching specific to and completely covering each of the competency review requirements for the History/Social Science 1-6 license listed in this letter. The mentor noted below delivered this mentored employment and/or peer coaching.* | | | | | | | | |
| **Insert Mentor’s Name and MEPID/License #:** | | |  | | | | | |
| **Insert Start Date of Mentored Employment/Peer Coaching:** | | | | | M/D/Y | | **Insert ending date:** | M/D/Y |
| **Insert Name of School/District:** | |  | | | | | | |
| [The following are Competency Review Requirements. The superintendent/equivalentshould **delete any requirements that have not been completely satisfied through the noted mentored employment and/or peer coaching**   * + United States history from early colonization to the Civil War, as well as the continued struggle for civil rights for all in the 20th and 21st centuries.   + Major events, developments, and figures in Massachusetts history, including the histories and cultures of Native Peoples in the region.   + Major political, economic, social, cultural, and technological developments in world history to approximately 1500 CE.   + United States political principles, institutions, and processes, their history and development.   + Major physical features of Massachusetts, the United States, and the world; foundational concepts of geography appropriate to the elementary school curriculum, and the relationship between geography and culture.   + Foundational economic principles and concepts appropriate to the elementary school curriculum.   + Foundational civic principles and concepts appropriate to the elementary school curriculum.   + The variety of methods, procedures, and sources used in the study of history and social science.   + The range of disciplinary skills used in the process of history and social science inquiry and research as described by the Standards for History and Social Science Practice in the Massachusetts Framework.   + Guiding principles of effective, culturally, and linguistically sustaining history and social science education, including strategies to support all students in honest and informed academic discussions of prejudice, racism, and bigotry. | | | | | | | | |
| ***I attest that the statement and information above are true and accurate as attested to by my signature and title:*** | | | | | | | | |
| Printed Name: |  | | | Signature: | |  | | |
| Title: |  | | | | | | | |
| *(Superintendent or equivalent [private school])* | | | | | | | | |
| **Must be on Official School Letterhead** | | | | | | | | |

**Please note:** The Department may contact signees if any clarification is needed. Documents may be uploaded into your ELAR account or mailed to the Office of Educator Licensure. Information regarding submitting documents may be found at <http://www.doe.mass.edu/licensure/elar/>

### Library (All Levels)

**Coverage of:**

* Characteristics, uses, and design of information systems, for standard reference sources and appropriate technologies.
* Selection, acquisition, organization, and maintenance of information resources.
* Appropriate equipment for using information resources.
* Development, organization, management, and evaluation of school library media programs and resource centers.
* Literature for children and young adults.
* Selection, adaptation, and production of instructional materials.
* Federal and state laws and regulations pertaining to media, including those governing access to and reproduction of materials.
* Ethical issues affecting library media services.
* Community and governmental resources.

**Requirement Completely Satisfied through Coursework Sample Verification Letter Template**

This template is intended for college/university officials authorized by the Office of Educator Licensure (\*authorized signees) to **prepare a letter verifying that an individual has completely satisfied a competency review requirement or requirements** for the **Massachusetts Library** license through coursework that provided at least ten (10) hours of instruction specific to and completely covering each competency review requirement noted within the letter. **Letters must be on official letterhead of the college or university.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Attestation Statement:**  **[*Insert the student’s name and MEPID]*** *received at least ten (10) hours of instruction specific to and completely covering each Competency Review Requirement for the Library license listed below through the successful completion of the following coursework.* | | | |
| **Insert prefix(es), number(s) and title(s) of course(s):** | | | |
|  | | | |
|  | | | |
|  | | | |
| [The following are Competency Review Requirements. The authorized signee **should delete any requirements that have not been completely satisfied** within the identified coursework.]   * Characteristics, uses, and design of information systems, for standard reference sources and appropriate technologies * Selection, acquisition, organization, and maintenance of information resources * Appropriate equipment for using information resources * Development, organization, management, and evaluation of school library media programs and resource centers * Literature for children and young adults * Selection, adaptation, and production of instructional materials * Federal and state laws and regulations pertaining to media, including those governing access to and reproduction of materials * Ethical issues affecting library media services * Community and governmental resource | | | |
| ***I attest that the statement and information above are true and accurate as attested to by my signature and title.*** | | | |
| Printed Name: |  | Signature: |  |
| Title: |  | | |
| *(\*course instructor, licensure officer, appropriate department chair, program director, assistant dean, dean, registrar, provost, vice-president, president, or chancellor)* | | | |
| **Must be on Official College/University Letterhead** | | | |

**Please note:** The Department may contact signees if any clarification is needed. Documents may be uploaded into your ELAR account or mailed to the Office of Educator Licensure. Information regarding submitting documents may be found at <http://www.doe.mass.edu/licensure/elar/>.

**Requirement Completely Satisfied through Seminar/Workshop Sample Verification Letter Template**

This template is intended for officials authorized by the Office of Educator Licensure (\*authorized signees) to **prepare a letter verifying that an individual has completely satisfied a competency review requirement or requirements** for the **Massachusetts Library** license through a seminar(s) and/or workshop(s) that provided at least ten (10) hours of instruction specific to and completely covering each competency review requirement noted within the letter. **Letters must be on official letterhead of the organization that provided the professional learning experience.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Attestation Statement:**  ***[Insert the student’s name and MEPID]*** *received at least ten (10) hours of instruction specific to and completely covering each Competency Review Requirement for the Library license listed below through the successful completion of the following professional learning experience(s). These hours of instruction were delivered by a* ***[Insert the name of the organization that provided the professional learning experience]*** *appointed instructor(s).* | | | |
| **Insert title of seminar(s) and/or workshop(s):** | | | |
|  | | | |
|  | | | |
|  | | | |
| [The following are Competency Review Requirements. The authorized signee **should delete any requirements that have not been completely satisfied** within the identified professional learning experience(s).]   * Characteristics, uses, and design of information systems, for standard reference sources and appropriate technologies * Selection, acquisition, organization, and maintenance of information resources * Appropriate equipment for using information resources * Development, organization, management, and evaluation of school library media programs and resource centers * Literature for children and young adults * Selection, adaptation, and production of instructional materials * Federal and state laws and regulations pertaining to media, including those governing access to and reproduction of materials * Ethical issues affecting library media services * Community and governmental resource | | | |
| ***I attest that the statement and information above are true and accurate as attested to by my signature and title:*** | | | |
| Printed Name: |  | Signature: |  |
| Title: |  | | |
| *\* An appropriate representative of the organization that provided the professional learning experience (e.g., instructor, director, principal, executive director, superintendent, etc.)* | | | |
| **Must be on Official Letterhead of the Organization that Provided the Professional Learning Experience** | | | |

**Please note:** The Department may contact signees if any clarification is needed. Documents may be uploaded into your ELAR account or mailed to the Office of Educator Licensure. Information regarding submitting documents may be found at <http://www.doe.mass.edu/licensure/elar/>.

**Requirement Completely Satisfied through Mentored Employment and/or Peer Coaching Sample Verification Letter Template**

This template is intended for superintendents or the equivalent of superintendents in private/non-public schools to **prepare a letter verifying that an individual has completely satisfied a competency review requirement** for the **Massachusetts Library** license through mentored employment and/or peer coaching. **Letters** **must be on official school letterhead.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Attestation Statement:**  ***[Insert the student’s name and MEPID]*** *received at least ten (10) hours of instruction through mentored employment and/or peer coaching specific to and completely covering* each *of the competency review requirements for the Library license listed in this letter. The mentor noted below delivered this mentored employment and/or peer coaching.* | | | | | | |
| **Insert Mentor’s Name and MEPID/License #:** | | |  | | | |
| **Insert Start Date of Mentored Employment/Peer Coaching:** | | | M/D/Y | | **Insert end date:** | M/D/Y |
| **Insert Name of School/District:** | |  | | | | |
| [The following are Competency Review Requirements. The superintendent/equivalentshould **delete any requirements that have not been completely satisfied** through the noted mentored employment and/or peer coaching**.**]   * Characteristics, uses, and design of information systems, for standard reference sources and appropriate technologies * Selection, acquisition, organization, and maintenance of information resources * Appropriate equipment for using information resources * Development, organization, management, and evaluation of school library media programs and resource centers * Literature for children and young adults * Selection, adaptation, and production of instructional materials * Federal and state laws and regulations pertaining to media, including those governing access to and reproduction of materials * Ethical issues affecting library media services * Community and governmental resource | | | | | | |
| ***I attest that the statement and information above are true and accurate as attested to by my signature and title:*** | | | | | | |
| Printed Name: |  | | | Signature: |  | |
| Title: |  | | | | | |
| *(Superintendent or equivalent [private school])* | | | | | | |
| **Must be on Official School Letterhead** | | | | | | |

**Please note:** The Department may contact signees if any clarification is needed. Documents may be uploaded into your ELAR account or mailed to the Office of Educator Licensure. Information regarding submitting documents may be found at <http://www.doe.mass.edu/licensure/elar/>.

### Teacher of the Deaf and Hard-Of-Hearing [American Sign Language/Total Communication] (All Levels)

**Coverage of:**

* Knowledge of the perception, acquisition, and processing of language (including both spoken and sign language).
* Knowledge of strategies for supporting language acquisition in sign language.
* Knowledge of theories in typical and atypical child development as it relates to children who are deaf or hard of hearing, including emotional, social, and intellectual development.
* Knowledge of the design and modifications of curricular and instructional materials to ensure accessibility of the curriculum for deaf or hard of hearing students with and without special needs.
* Knowledge of strategies for promoting literacy among students who are deaf or hard of hearing.
* Knowledge of the clinical foundations of hearing.
* Knowledge of the relationship between ASL and English and strategies for translating between ASL and English.
* Knowledge of Deaf culture, Deaf history, and the Deaf community.
* Knowledge of medical, social, and ethical issues related to educating students who are deaf or hard of hearing.
* Knowledge of Federal and State Special Education Laws, Individualized Education Programs (IEPs) and Section 504 of the Rehabilitation Act of 1973 (29 USC 794) program development and implementation for students who are deaf or hard of hearing.
* Critical analysis and application of research relevant to educating students who are deaf or hard of hearing.
* Knowledge of sign language proficiency at a level approved by the Department\*

\* Currently, achieving a passing score (rating of at least intermediate) on the SLPI: ASL test will satisfy this requirement. Further information, including test preparation, can be found at <http://www.rit.edu/ntid/slpi/>. While there is no appeal process, a candidate may re-take the SLPI: ASL test until a passing score is received. If you have an official SLPI test score from out of state, then please call MCDHH at 617-740-1690 and have your letter with SLPI: ASL test information

**Requirement Completely Satisfied through Coursework Sample Verification Letter Template**

This template is intended for college/university officials authorized by the Office of Educator Licensure (\*authorized signees) to **prepare a letter verifying that an individual has completely satisfied a competency review requirement or requirements** for the **Massachusetts Teacher of the Deaf and Hard-of-Hearing [ASL/TC]** license through coursework that provided at least ten (10) hours of instruction specific to and completely covering each competency review requirement noted within the letter. **Letters must be on official letterhead of the college or university.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Attestation Statement:**  **[*Insert the student’s name and MEPID]*** *received at least ten (10) hours of instruction specific to and completely covering each Competency Review Requirement for the Teacher of the Deaf and Hard-of-Hearing [ASL/TC] listed below through the successful completion of the following coursework.* | | | |
| **Insert prefix(es), number(s) and title(s) of course(s):** | | | |
|  | | | |
|  | | | |
|  | | | |
| [The following are Competency Review Requirements. The authorized signee should **delete any requirements that have not been completely satisfied** within the identified coursework.]   * Knowledge of the perception, acquisition, and processing of language (including both spoken and sign language) * Knowledge of strategies for supporting language acquisition in sign language. * Knowledge of theories in typical and atypical child development as it relates to children who are deaf or hard of hearing, including emotional, social, and intellectual development * Knowledge of the design and modifications of curricular and instructional materials to ensure accessibility of the curriculum for deaf or hard of hearing students with and without special needs * Knowledge of strategies for promoting literacy among students who are deaf or hard of hearing. * Knowledge of the clinical foundations of hearing. * Knowledge of the relationship between ASL and English and strategies for translating between ASL and English * Knowledge of Deaf culture, Deaf history, and the Deaf community * Knowledge of medical, social, and ethical issues related to educating students who are deaf or hard of hearing * Knowledge of Federal and State Special Education Laws, Individualized Education Programs (IEPs) and Section 504 of the Rehabilitation Act of 1973 (29 USC 794) plan development and implementation for students who are deaf or hard of hearing * Critical analysis and application of research relevant to educating students who are deaf or hard of hearing | | | |
| ***I attest that the statement and information above are true and accurate as attested to by my signature and title.*** | | | |
| Printed Name: |  | Signature: |  |
| Title: |  | | |
| *(\*course instructor, licensure officer, appropriate department chair, program director, assistant dean, dean, registrar, provost, vice-president, president, or chancellor)* | | | |
| **Must be on Official College/University Letterhead** | | | |

**Please note:** The Department may contact signees if any clarification is needed. Documents may be uploaded into your ELAR account or mailed to the Office of Educator Licensure. Information regarding submitting documents may be found at <http://www.doe.mass.edu/licensure/elar/>.

**Requirement Completely Satisfied through Seminar/Workshop Sample Verification Letter Template**

This template is intended for officials authorized by the Office of Educator Licensure (\*authorized signees) to **prepare a letter verifying that an individual has completely satisfied a competency review requirement or requirements** for the **Massachusetts Teacher of the Deaf and Hard-of-Hearing [ASL/TC]** license through a seminar(s) and/or workshop(s) that provided at least ten (10) hours of instruction specific to and completely covering each competency review requirement noted within the letter. **Letters must be on official letterhead of the organization that provided the professional learning experience.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Attestation Statement:**  ***[Insert the student’s name and MEPID]*** *received at least ten (10) hours of instruction specific to and completely covering each Competency Review Requirement for the Teacher of the Deaf and Hard-of-Hearing [ASL/TC] listed below through the successful completion of the following professional learning experience(s). These hours of instruction were delivered by a* ***[Insert the name of the organization that provided the professional learning experience]*** *appointed instructor(s).* | | | |
| **Insert title of seminar(s) and/or workshop(s):** | | | |
|  | | | |
|  | | | |
|  | | | |
| [The following are Competency Review Requirements. The authorized signee should **delete any requirements that have not been completely satisfied** within the identified professional learning experience(s).]   * Knowledge of the perception, acquisition, and processing of language (including both spoken and sign language) * Knowledge of strategies for supporting language acquisition in sign language. * Knowledge of theories in typical and atypical child development as it relates to children who are deaf or hard of hearing, including emotional, social, and intellectual development * Knowledge of the design and modifications of curricular and instructional materials to ensure accessibility of the curriculum for deaf or hard of hearing students with and without special needs * Knowledge of strategies for promoting literacy among students who are deaf or hard of hearing. * Knowledge of the clinical foundations of hearing. * Knowledge of the relationship between ASL and English and strategies for translating between ASL and English * Knowledge of Deaf culture, Deaf history, and the Deaf community * Knowledge of medical, social, and ethical issues related to educating students who are deaf or hard of hearing * Knowledge of Federal and State Special Education Laws, Individualized Education Programs (IEPs) and Section 504 of the Rehabilitation Act of 1973 (29 USC 794) plan development and implementation for students who are deaf or hard of hearing * Critical analysis and application of research relevant to educating students who are deaf or hard of hearing | | | |
| ***I attest that the statement and information above are true and accurate as attested to by my signature and title:*** | | | |
| Printed Name: |  | Signature: |  |
| Title: |  | | |
| *\* An appropriate representative of the organization that provided the professional learning experience (e.g., instructor, director, principal, executive director, superintendent, etc.)* | | | |
| **Must be on Official Letterhead of the Organization that Provided the Professional Learning Experience** | | | |

**Please note:** The Department may contact signees if any clarification is needed. Documents may be uploaded into your ELAR account or mailed to the Office of Educator Licensure. Information regarding submitting documents may be found at <http://www.doe.mass.edu/licensure/elar/>.

**Requirement Completely Satisfied through Mentored Employment and/or Peer Coaching Sample Verification Letter Template**

This template is intended for superintendents or the equivalent of superintendents in private/non-public schools to **prepare a letter verifying that an individual has completely satisfied a competency review requirement** for the **Massachusetts Teacher of the Deaf and Hard-of-Hearing [ASL/TC]** license through mentored employment and/or peer coaching. **Letters** **must be on official school letterhead.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Attestation Statement:**  ***[Insert the student’s name and MEPID]*** *received at least ten (10) hours of instruction through mentored employment and/or peer coaching specific to and completely covering each of the competency review requirements for the Teacher of the Deaf and Hard-of-Hearing [ASL/TC] license listed in this letter. The mentor noted below delivered this mentored employment and/or peer coaching.* | | | | | | | | |
| **Insert Mentor’s Name and MEPID/License #:** | | |  | | | | | |
| **Insert Start Date of Mentored Employment/Peer Coaching:** | | | | M/D/Y | | | **Insert end date:** | M/D/Y |
| **Insert Name of School/District:** | |  | | | | | | |
| [The following are Competency Review Requirements. The following are Competency Review Requirements. The superintendent/equivalentshould **delete any requirements that have not been completely satisfied** through the noted mentored employment and/or peer coaching.]   * Knowledge of the perception, acquisition, and processing of language (including both spoken and sign language) * Knowledge of strategies for supporting language acquisition in sign language. * Knowledge of theories in typical and atypical child development as it relates to children who are deaf or hard of hearing, including emotional, social and intellectual development * Knowledge of the design and modifications of curricular and instructional materials to ensure accessibility of the curriculum for deaf or hard of hearing students with and without special needs * Knowledge of strategies for promoting literacy among students who are deaf or hard of hearing. * Knowledge of the clinical foundations of hearing. * Knowledge of the relationship between ASL and English and strategies for translating between ASL and English * Knowledge of Deaf culture, Deaf history and the Deaf community * Knowledge of medical, social, and ethical issues related to educating students who are deaf or hard of hearing * Knowledge of Federal and State Special Education Laws, Individualized Education Programs (IEPs) and Section 504 of the Rehabilitation Act of 1973 (29 USC 794) plan development and implementation for students who are deaf or hard of hearing * Critical analysis and application of research relevant to educating students who are deaf or hard of hearing | | | | | | | | |
| ***I attest that the statement and information above are true and accurate as attested to by my signature and title:*** | | | | | | | | |
| Printed Name: |  | | | | Signature: |  | | |
| Title: |  | | | | | | | |
| *(Superintendent or equivalent [private school])* | | | | | | | | |
| **Must be on Official School Letterhead** | | | | | | | | |

**Please note:** The Department may contact signees if any clarification is needed. Documents may be uploaded into your ELAR account or mailed to the Office of Educator Licensure. Information regarding submitting documents may be found at <http://www.doe.mass.edu/licensure/elar/>

### Teacher of the Deaf and Hard-Of-Hearing [Oral/Aural] (All Levels)

**Coverage of:**

* The anatomy and physiology of ear and neural pathways, physics of sound and psychoacoustics including auditory perception, speech acoustics and impact of environmental acoustics on speech understanding and listening.
* Hearing measurement and etiology (both objective and subjective screening and test methods), test interpretation, hearing levels and the impact on listening and speech perception.
* Function and uses of available sensory devices and hearing assistive technology.
* Typical auditory development, auditory development of children with hearing loss, auditory development using hearing technology, the auditory hierarchy, acoustic phonetics (sounds of speech and transmission/reception), appropriate electroacoustic and functional assessments, and factors that impact auditory development.
* Speech production: sequence of development (typical and atypical), anatomy and physiology of the speech/voice mechanism; and formal and informal speech production assessment measures.

**Requirement Completely Satisfied through Coursework Sample Verification Letter Template**

This template is intended for college/university officials authorized by the Office of Educator Licensure (\*authorized signees) to **prepare a letter verifying that an individual has completely satisfied a competency review requirement or requirements** for **the Massachusetts Teacher of the Deaf and Hard-of-Hearing [Oral/Aural]** license through coursework that provided at least ten (10) hours of instruction specific to and completely covering each competency review requirement noted within the letter. **Letters must be on official letterhead of the college or university.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Attestation Statement:**  **[*Insert the student’s name and MEPID]*** *received at least ten (10) hours of instruction specific to and completely covering each Competency Review Requirement for the Teacher of the Deaf and Hard-of-Hearing [Oral/Aural] license listed below through the successful completion of the following coursework.* | | | |
| **Insert prefix(es), number(s) and title(s) of course(s):** | | | |
|  | | | |
|  | | | |
|  | | | |
| [The following are Competency Review Requirements. The **authorized signee should delete any requirements that have not been completely satisfied** within the identified coursework.]   * The anatomy and physiology of ear and neural pathways, physics of sound and psychoacoustics including auditory perception, speech acoustics and impact of environmental acoustics on speech understanding and listening * Hearing measurement and etiology (both objective and subjective screening and test methods), test interpretation, hearing levels and the impact on listening and speech perception * Function and uses of available sensory devices and hearing assistive technology * Typical auditory development, auditory development of children with hearing loss, auditory development using hearing technology, the auditory hierarchy, acoustic phonetics (sounds of speech and transmission/reception), appropriate electroacoustic and functional assessments, and factors that impact auditory development * Speech production: sequence of development (typical and atypical), anatomy and physiology of the speech/voice mechanism; and formal and informal speech production assessment measures | | | |
| ***I attest that the statement and information above are true and accurate as attested to by my signature and title.*** | | | |
| Printed Name: |  | Signature: |  |
| Title: |  | | |
| *(\*course instructor, licensure officer, appropriate department chair, program director, assistant dean, dean, registrar, provost, vice-president, president, or chancellor)* | | | |
| **Must be on Official College/University Letterhead** | | | |

**Please note:** The Department may contact signees if any clarification is needed. Documents may be uploaded into your ELAR account or mailed to the Office of Educator Licensure. Information regarding submitting documents may be found at <http://www.doe.mass.edu/licensure/elar/>.

**Requirement Completely Satisfied through Seminar/Workshop Sample Verification Letter Template**

This template is intended for officials authorized by the Office of Educator Licensure (\*authorized signees) to **prepare a letter verifying that an individual has completely satisfied a competency review requirement or requirements** for the **Massachusetts Teacher of the Deaf and Hard-of-Hearing [Oral/Aural]** license through a seminar(s) and/or workshop(s) that provided at least ten (10) hours of instruction specific to and completely covering each competency review requirement noted within the letter. **Letters must be on official letterhead of the organization that provided the professional learning experience.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Attestation Statement:**  ***[Insert the student’s name and MEPID]*** *received at least ten (10) hours of instruction specific to and completely covering each Competency Review Requirement for the Teacher of the Deaf and Hard-of-Hearing [Oral/Aural] license listed below through the successful completion of the following professional learning experience(s). These hours of instruction were delivered by a* ***[Insert the name of the organization that provided the professional learning experience]*** *appointed instructor(s).* | | | |
| **Insert title of seminar(s) and/or workshop(s):** | | | |
|  | | | |
|  | | | |
|  | | | |
| [The following are Competency Review Requirements. The **authorized signee should delete any requirements that have not been completely satisfied** within the identified professional learning experience(s).]   * The anatomy and physiology of ear and neural pathways, physics of sound and psychoacoustics including auditory perception, speech acoustics and impact of environmental acoustics on speech understanding and listening * Hearing measurement and etiology (both objective and subjective screening and test methods), test interpretation, hearing levels and the impact on listening and speech perception * Function and uses of available sensory devices and hearing assistive technology * Typical auditory development, auditory development of children with hearing loss, auditory development using hearing technology, the auditory hierarchy, acoustic phonetics (sounds of speech and transmission/reception), appropriate electroacoustic and functional assessments, and factors that impact auditory development * Speech production: sequence of development (typical and atypical), anatomy and physiology of the speech/voice mechanism; and formal and informal speech production assessment measures | | | |
| ***I attest that the statement and information above are true and accurate as attested to by my signature and title:*** | | | |
| Printed Name: |  | Signature: |  |
| Title: |  | | |
| *\* An appropriate representative of the organization that provided the professional learning experience (e.g., instructor, director, principal, executive director, superintendent, etc.)* | | | |
| **Must be on Official Letterhead of the Organization that Provided the Professional Learning Experience** | | | |

**Please note:** The Department may contact signees if any clarification is needed. Documents may be uploaded into your ELAR account or mailed to the Office of Educator Licensure. Information regarding submitting documents may be found at <http://www.doe.mass.edu/licensure/elar/>.

**Requirement Completely Satisfied through Mentored Employment and/or Peer Coaching Sample Verification Letter Template**

This template is intended for superintendents or the equivalent of superintendents in private/non-public schools to **prepare a letter verifying that an individual has completely satisfied a competency review requirement** for the **Massachusetts Teacher of the Deaf and Hard-of-Hearing [Oral/Aural]** license through mentored employment and/or peer coaching. **Letters** **must be on official school letterhead.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Attestation Statement:**  ***[Insert the student’s name and MEPID]*** *received at least ten (10) hours of instruction through mentored employment and/or peer coaching specific to and completely covering each of the competency review requirements for the Teacher of the Deaf and Hard-of-Hearing [Oral/Aural] listed in this letter. The mentor noted below delivered this mentored employment and/or peer coaching.* | | | | | | | | |
| **Insert Mentor’s Name and MEPID/License #:** | | |  | | | | | |
| **Insert Start Date of Mentored Employment/Peer Coaching:** | | | | M/D/Y | | | **Insert end date:** | M/D/Y |
| **Insert Name of School/District:** | |  | | | | | | |
| [The following are Competency Review Requirements. The superintendent/equivalentshould **delete any requirements that have not been completely satisfied** through the noted mentored employment and/or peer coaching**.**]   * The anatomy and physiology of ear and neural pathways, physics of sound and psychoacoustics including auditory perception, speech acoustics and impact of environmental acoustics on speech understanding and listening * Hearing measurement and etiology (both objective and subjective screening and test methods), test interpretation, hearing levels and the impact on listening and speech perception * Function and uses of available sensory devices and hearing assistive technology * Typical auditory development, auditory development of children with hearing loss, auditory development using hearing technology, the auditory hierarchy, acoustic phonetics (sounds of speech and transmission/reception), appropriate electroacoustic and functional assessments, and factors that impact auditory development * Speech production: sequence of development (typical and atypical), anatomy and physiology of the speech/voice mechanism; and formal and informal speech production assessment measures | | | | | | | | |
| ***I attest that the statement and information above are true and accurate as attested to by my signature and title:*** | | | | | | | | |
| Printed Name: |  | | | | Signature: |  | | |
| Title: |  | | | | | | | |
| *(Superintendent or equivalent [private school])* | | | | | | | | |
| **Must be on Official School Letterhead** | | | | | | | | |

**Please note:** The Department may contact signees if any clarification is needed. Documents may be uploaded into your ELAR account or mailed to the Office of Educator Licensure. Information regarding submitting documents may be found at <http://www.doe.mass.edu/licensure/elar/>

### Teacher of Students with Moderate Disabilities (Prek-8 And 5-12)

**Coverage of:**

* Educational terminology for students with mild to moderate disabilities.
* Preparation, implementation, and evaluation of Individualized Education Programs (IEPs).
* Design or modification of curriculum, instructional materials, and general education classroom environments for students with moderate disabilities.
* Federal and state laws and regulations pertaining to special education.
* Knowledge of services provided by other agencies.
* Ways to prepare and maintain students with disabilities for general education classrooms.
* Instruction on the appropriate use of augmentative and alternative communication and other assistive technologies

**Requirement Completely Satisfied Through Coursework Sample Verification Letter Template**

This template is intended for college/university officials authorized by the Office of Educator Licensure (\*authorized signees) to **prepare a letter verifying that an individual has completely satisfied a competency review requirement or requirements** for the **Massachusetts Teacher of Students with Moderate Disabilities** license through coursework that provided at least ten (10) hours of instruction specific to and completely covering each competency review requirement noted within the letter. **Letters must be on official letterhead of the college or university.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Attestation Statement:**  **[*Insert the student’s name and MEPID]*** *received at least ten (10) hours of instruction specific to and completely covering each Competency Review Requirement for the Teacher of Students with Moderate Disabilities license listed below through the successful completion of the following coursework.* | | | |
| **Insert prefix(es), number(s) and title(s) of course(s):** | | | |
|  | | | |
|  | | | |
|  | | | |
| [The following are Competency Review Requirements. The authorized signee **should delete any requirements that have not been completely satisfied** within the identified coursework.]   * Educational terminology for students with mild to moderate disabilities * Preparation, implementation, and evaluation of Individualized Education Programs (IEPs) * Design or modification of curriculum, instructional materials, and general education classroom environments for students with moderate disabilities * Federal and state laws and regulations pertaining to special education * Knowledge of services provided by other agencies * Ways to prepare and maintain students with disabilities for general education classrooms, for example, use of behavioral management principals * Instruction on the appropriate use of augmentative and alternative communication and other assistive technologies | | | |
| ***I attest that the statement and information above are true and accurate as attested to by my signature and title.*** | | | |
| Printed Name: |  | Signature: |  |
| Title: |  | | |
| *(\*course instructor, licensure officer, appropriate department chair, program director, assistant dean, dean, registrar, provost, vice-president, president, or chancellor)* | | | |
| **Must be on Official College/University Letterhead** | | | |

**Please note:** The Department may contact signees if any clarification is needed. Documents may be uploaded into your ELAR account or mailed to the Office of Educator Licensure. Information regarding submitting documents may be found at <http://www.doe.mass.edu/licensure/elar/>.

**Requirement Completely Satisfied Through Seminar/Workshop Sample Verification Letter Template**

This template is intended for officials authorized by the Office of Educator Licensure (\*authorized signees) to **prepare a letter verifying that an individual has completely satisfied a competency review requirement or requirements** for the **Massachusetts Teacher of Students with Moderate Disabilities** license through a seminar(s) and/or workshop(s) that provided at least ten (10) hours of instruction specific to and completely covering each competency review requirement noted within the letter. **Letters must be on official letterhead of the organization that provided the professional learning experience.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Attestation Statement:**  ***[Insert the student’s name and MEPID]*** *received at least ten (10) hours of instruction specific to and completely covering each Competency Review Requirement for the Teacher of Students with Moderate Disabilities license listed below through the successful completion of the following professional learning experience(s). These hours of instruction were delivered by a* ***[Insert the name of the organization that provided the professional learning experience]*** *appointed instructor(s).* | | | |
| **Insert title of seminar(s) and/or workshop(s):** | | | |
|  | | | |
|  | | | |
|  | | | |
| [The following are Competency Review Requirements. The authorized signee **should delete any requirements that have not been completely satisfied** within the identified professional learning experience(s).   * Educational terminology for students with mild to moderate disabilities * Preparation, implementation, and evaluation of Individualized Education Programs (IEPs) * Design or modification of curriculum, instructional materials, and general education classroom environments for students with moderate disabilities * Federal and state laws and regulations pertaining to special education * Knowledge of services provided by other agencies * Ways to prepare and maintain students with disabilities for general education classrooms; for example, use of behavioral management principals * Instruction on the appropriate use of augmentative and alternative communication and other assistive technologies | | | |
| ***I attest that the statement and information above are true and accurate as attested to by my signature and title:*** | | | |
| Printed Name: |  | Signature: |  |
| Title: |  | | |
| *\* An appropriate representative of the organization that provided the professional learning experience (e.g., instructor, director, principal, executive director, superintendent, etc.)* | | | |
| **Must be on Official Letterhead of the Organization that Provided the Professional Learning Experience** | | | |

**Please note:** The Department may contact signees if any clarification is needed. Documents may be uploaded into your ELAR account or mailed to the Office of Educator Licensure. Information regarding submitting documents may be found at <http://www.doe.mass.edu/licensure/elar/>.

**Requirement Completely Satisfied Through Mentored Employment and/or Peer Coaching Sample Verification Letter Template**

This template is intended for superintendents or the equivalent of superintendents in private/non-public schools to **prepare a letter verifying that an individual has completely satisfied a competency review requirement(s)** for the **Massachusetts Teacher of Students with Moderate Disabilities** license through mentored employment and/or peer coaching. **Letters** **must be on official school letterhead**.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Attestation Statement:**  ***[Insert the student’s name and MEPID]*** *received at least ten (10) hours of instruction through mentored employment and/or peer coaching specific to and completely covering each of the competency review requirements for the Teacher of Students with Moderate Disabilities license listed in this letter. The mentor noted below delivered this mentored employment and/or peer coaching.* | | | | | | | |
| **Insert Mentor’s Name and MEPID/License #:** | | |  | | | | |
| **Insert Start Date of Mentored Employment/Peer Coaching:** | | | M/D/Y | | | **Insert end date:** | M/D/Y |
| **Insert Name of School/District:** | |  | | | | | |
| [The following are Competency Review Requirements. The superintendent/equivalentshould **delete any requirements that have not been completely satisfied** through the noted mentored employment and/or peer coaching]   * Educational terminology for students with mild to moderate disabilities * Preparation, implementation, and evaluation of Individualized Education Programs (IEPs) * Design or modification of curriculum, instructional materials, and general education classroom environments for students with moderate disabilities * Federal and state laws and regulations pertaining to special education * Knowledge of services provided by other agencies * Ways to prepare and maintain students with disabilities for general education classrooms; for example, use of behavioral management principals * Instruction on the appropriate use of augmentative and alternative communication and other assistive technologies | | | | | | | |
| ***I attest that the statement and information above are true and accurate as attested to by my signature and title:*** | | | | | | | |
| Printed Name: |  | | | Signature: |  | | |
| Title: |  | | | | | | |
| *(Superintendent or equivalent [private school])* | | | | | | | |

|  |
| --- |
| **Must be on Official School Letterhead** |

**Please note:** The Department may contact signees if any clarification is needed. Documents may be uploaded into your ELAR account or mailed to the Office of Educator Licensure. Information regarding submitting documents may be found at <http://www.doe.mass.edu/licensure/elar/>.

### Teacher of Students with Severe Disabilities (All Levels)

**Coverage of:**

* Definitions, etiologies, and characteristics of severely disabling conditions.
* Theories, concepts, and methods of assessing physical, emotional, intellectual, and social development in children and adolescents.
* Theories of language development and the effects of disabilities on learning.
* Reading theory, research, and practice. Knowledge of the significant theories, practices, and programs for developing reading skills and reading comprehension. Phonemic awareness and phonics: principles, knowledge, and instructional practices. Diagnosis and assessment of reading skills using standardized, criterion-referenced, and informal assessment instruments.
* Development of a listening, speaking, and reading vocabulary.
* Theories on the relationships between beginning writing and reading.
* Theories of first and second language acquisition and development.
* Preparation, implementation, and evaluation of Individualized Education Programs (IEPs).
* How to design or modify curriculum, instructional materials, and classroom environments for students with severe disabilities.
* Ways to prepare and maintain students with severe disabilities for general education classrooms. for example, use of behavioral management principles.
* Knowledge of services provided by other agencies.
* Knowledge of appropriate vocational or alternative school programs, or work-study and community-based opportunities and alternative high school programs and how to refer students to them.
* Federal and state laws pertaining to special education.
* Techniques for developing skills designed to facilitate placement in least restrictive environments.
* Instruction on the appropriate use of augmentative and alternative communication and other assistive technologies.
* Source and operation of orthotic devices, medical technologies, and computer-moderated prosthetic devices.

**Requirement Completely Satisfied through Coursework Sample Verification Letter Template**

This template is intended for college/university officials authorized by the Office of Educator Licensure (\*authorized signees) to **prepare a letter verifying that an individual has completely satisfied a competency review requirement or requirements** for the **Massachusetts Teacher of Students with Severe Disabilities** license through coursework that provided at least ten (10) hours of instruction specific to and completely covering each competency review requirement noted within the letter. **Letters must be on official letterhead of the college or university.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Attestation Statement:**  **[*Insert the student’s name and MEPID]*** *received at least ten (10) hours of instruction specific to and completely covering each Competency Review Requirement for the Teacher of Students with Severe Disabilities license listed below through the successful completion of the following coursework.* | | | |
| **Insert prefix(es), number(s) and title(s) of course(s):** | | | |
|  | | | |
|  | | | |
| [The following are Competency Review Requirements. The authorized signee should **delete any requirements** that have **not been completely satisfied** within the identified coursework.]   * Definitions, etiologies, and characteristics of severely disabling conditions. * Theories, concepts, and methods of assessing physical, emotional, intellectual, and social development in children and adolescents. * Theories of language development and the effects of disabilities on learning. * Reading theory, research and practice. Knowledge of the significant theories, practices, and programs for developing reading skills and reading comprehension. Phonemic awareness and phonics: principles, knowledge, and instructional practices. Diagnosis and assessment of reading skills using standardized, criterion-referenced, and informal assessment instruments. * Development of a listening, speaking, and reading vocabulary. * Theories on the relationships between beginning writing and reading. * Theories of first and second language acquisition and development. * Preparation, implementation, and evaluation of Individualized Education Programs (IEPs). * How to design or modify curriculum, instructional materials, and classroom environments for students with severe disabilities. * Ways to prepare and maintain students with severe disabilities for general education classrooms. for example, use of behavioral management principles. * Knowledge of services provided by other agencies. * Knowledge of appropriate vocational or alternative school programs, or work-study and community-based opportunities and alternative high school programs and how to refer students to them. * Federal and state laws pertaining to special education. * Techniques for developing skills designed to facilitate placement in least restrictive environments. * Instruction on the appropriate use of augmentative and alternative communication and other assistive technologies. * Source and operation of orthotic devices, medical technologies, and computer-moderated prosthetic devices. | | | |
| ***I attest that the statement and information above are true and accurate as attested to by my signature and title.*** | | | |
| Printed Name: |  | Signature: |  |
| Title: |  | | |
| *(\*course instructor, licensure officer, appropriate department chair, program director, assistant dean, dean, registrar, provost, vice-president, president, or chancellor)* | | | |
| **Must be on Official College/University Letterhead** | | | |

**Please note:** The Department may contact signees if any clarification is needed. Documents may be uploaded into your ELAR account or mailed to the Office of Educator Licensure. Information regarding submitting documents may be found at <http://www.doe.mass.edu/licensure/elar/>.

**Requirement Completely Satisfied through Seminar/Workshop Sample Verification Letter Template**

This template is intended for officials authorized by the Office of Educator Licensure (\*authorized signees) to **prepare a letter verifying that an individual has completely satisfied a competency review requirement or requirements** for the Massachusetts Teacher of Students with Severe Disabilities license through a seminar(s) and/or workshop(s) that provided at least ten (10) hours of instruction specific to and completely covering each competency review requirement noted within the letter. **Letters must be on official letterhead of the organization that provided the professional learning experience.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Attestation Statement:**  ***[Insert the student’s name and MEPID]*** *received at least ten (10) hours of instruction specific to and completely covering each Competency Review Requirement for the Teacher of Students with Severe Disabilities license listed below through the successful completion of the following professional learning experience(s). These hours of instruction were delivered by a* ***[Insert the name of the organization that provided the professional learning experience]*** *appointed instructor(s).* | | | |
| **Insert title of seminar(s) and/or workshop(s)** | | | |
|  | | | |
|  | | | |
|  | | | |
| The following are Competency Review Requirements. The superintendent/equivalent should **delete any requirements that have not been completely satisfied** within the identified professional learning experience(s).   * Definitions, etiologies, and characteristics of severely disabling conditions. * Theories, concepts, and methods of assessing physical, emotional, intellectual, and social development in children and adolescents. * Theories of language development and the effects of disabilities on learning. * Reading theory, research and practice. Knowledge of the significant theories, practices, and programs for developing reading skills and reading comprehension. Phonemic awareness and phonics: principles, knowledge, and instructional practices. Diagnosis and assessment of reading skills using standardized, criterion-referenced, and informal assessment instruments. * Development of a listening, speaking, and reading vocabulary. * Theories on the relationships between beginning writing and reading. * Theories of first and second language acquisition and development. * Preparation, implementation, and evaluation of Individualized Education Programs (IEPs). * How to design or modify curriculum, instructional materials, and classroom environments for students with severe disabilities. * Ways to prepare and maintain students with severe disabilities for general education classrooms. for example, use of behavioral management principles. * Knowledge of services provided by other agencies. * Knowledge of appropriate vocational or alternative school programs, or work-study and community-based opportunities and alternative high school programs and how to refer students to them. * Federal and state laws pertaining to special education. * Techniques for developing skills designed to facilitate placement in least restrictive environments. * Instruction on the appropriate use of augmentative and alternative communication and other assistive technologies * Source and operation of orthotic devices, medical technologies, and computer-moderated prosthetic devices. | | | |
| ***I attest that the statement and information above are true and accurate as attested to by my signature and title:*** | | | |
| Printed Name: |  | Signature: |  |
| Title: |  | | |
| *\* An appropriate representative of the organization that provided the professional learning experience (e.g., instructor, director, principal, executive director, superintendent, etc.)* | | | |
| **Must be on Official Letterhead of the Organization that Provided the Professional Learning Experience** | | | |

**Please note:** The Department may contact signees if any clarification is needed. Documents may be uploaded into your ELAR account or mailed to the Office of Educator Licensure. Information regarding submitting documents may be found at <http://www.doe.mass.edu/licensure/elar/>.

**Requirement Completely Satisfied through Mentored Employment and/or Peer Coaching Sample Verification Letter Template**

This template is intended for superintendents or the equivalent of superintendents in private/non-public schools to **prepare a letter verifying that an individual has completely satisfied a competency review requirement** for the Massachusetts Teacher of Students with Severe Disabilities license through mentored employment and/or peer coaching. **Letters must be on official school letterhead.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Attestation Statement:**  ***[Insert the student’s name and MEPID]*** *received at least ten (10) hours of instruction through mentored employment and/or peer coaching specific to and completely covering each of the competency review requirements for the Teacher of Students with Severe Disabilities license listed in this letter. The mentor noted below delivered this mentored employment and/or peer coaching.* | | | | | | | |
| **Insert Mentor’s Name and MEPID/License #:** | | |  | | | | |
| **Insert Start Date of Mentored Employment/Peer Coaching:** | | | | | M/D/Y | **Insert end date:** | M/D/Y |
| **Insert Name of School/District:** | |  | | | | | |
| [The following are Competency Review Requirements. The superintendent/equivalentshould **delete any requirements that have not been completely satisfied** through the noted mentored employment and/or peer coaching.]   * Definitions, etiologies, and characteristics of severely disabling conditions. * Theories, concepts, and methods of assessing physical, emotional, intellectual, and social development in children and adolescents. * Theories of language development and the effects of disabilities on learning. * Reading theory, research and practice. Knowledge of the significant theories, practices, and programs for developing reading skills and reading comprehension. Phonemic awareness and phonics: principles, knowledge, and instructional practices. Diagnosis and assessment of reading skills using standardized, criterion-referenced, and informal assessment instruments. * Development of a listening, speaking, and reading vocabulary. * Theories on the relationships between beginning writing and reading. * Theories of first and second language acquisition and development. * Preparation, implementation, and evaluation of Individualized Education Programs (IEPs). * How to design or modify curriculum, instructional materials, and classroom environments for students with severe disabilities. * Ways to prepare and maintain students with severe disabilities for general education classrooms. for example, use of behavioral management principles. * Knowledge of services provided by other agencies. * Knowledge of appropriate vocational or alternative school programs, or work-study and community-based opportunities and alternative high school programs and how to refer students to them. * Federal and state laws pertaining to special education. * Techniques for developing skills designed to facilitate placement in least restrictive environments. * Instruction on the appropriate use of augmentative and alternative communication and other assistive technologies * Source and operation of orthotic devices, medical technologies, and computer-moderated prosthetic devices. | | | | | | | |
| ***I attest that the statement and information above are true and accurate as attested to by my signature and title:*** | | | | | | | |
| Printed Name: |  | | | Signature: | |  | |
| Title: |  | | | | | | |
| *(Superintendent or equivalent [private school])* | | | | | | | |
| **Must be on Official School Letterhead** | | | | | | | |

**Please note:** The Department may contact signees if any clarification is needed. Documents may be uploaded into your ELAR account or mailed to the Office of Educator Licensure. Information regarding submitting documents may be found at <http://www.doe.mass.edu/licensure/elar/>.

### Teacher of the Visually Impaired (All Levels)

**Coverage of:**

* Similarities and differences between visually impaired and non-visually impaired children in emotional, social, physical, and intellectual development.
* Anatomy and physiology of the eye and visual abnormalities.
* Historical and current developments in education of the visually impaired in the United States and other countries.
* How to use state-of-the-art diagnostic information.
* Medical and educational research related to the visually impaired.
* Use of English Braille (UEB) for non-technical materials and UEB and Nemeth Braille Code for Mathematics for technical materials.
* Use of assistive technology, such as low-vision devices.
* Design or modification of the curriculum and instructional materials for the visually impaired.
* Ways to prepare visually impaired students for classrooms ranging from general education classrooms to schools for the visually impaired.
* Features of family support and services.
* Preparation, implementation, and evaluation of Individualized Education Programs (IEPs).
* Knowledge of Federal and State Special Education Laws, IEPs, and 504 program development and implementation for students who are visually impaired.
* Principles and research-based instructional practices for developing emergent reader skills (alphabetic principle, concepts of print, phonological and phonemic awareness).
* Phonemic awareness and phonics; principles, knowledge, and instructional practices.
* Use of assessment for instruction and intervention.
* Knowledge of a variety of formal and informal reading assessment tools.
* Use of data from screening, diagnostic, and formative assessments to identify individual strengths and weaknesses and differentiate instruction (prepare mini lessons, select appropriate materials, form flexible groups).
* Knowledge of Response to Intervention models/components, including tiered instruction, shared responsibility and decision-making, research-based interventions, and progress monitoring.
* Diagnosis and assessment of reading skills using standardized, criterion-referenced, and informal assessment instruments.

**Requirement Completely Satisfied through Coursework Sample Verification Letter Template**

This template is intended for college/university officials authorized by the Office of Educator Licensure (\*authorized signees) to **prepare a letter verifying that an individual has completely satisfied a competency review requirement or requirements** for the **Massachusetts Teacher of the Visually Impaired** license through coursework that provided at least ten (10) hours of instruction specific to and completely covering each competency review requirement noted within the letter. **Letters must be on official letterhead of the college or university.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Attestation Statement:**  **[*Insert the student’s name and MEPID]*** *received at least ten (10) hours of instruction specific to and completely covering each Competency Review Requirement for the Teacher of the Visually Impaired license listed below through the successful completion of the following coursework.* | | | |
| **Insert prefix(es), number(s) and title(s) of course(s):** | | | |
|  | | | |
|  | | | |
|  | | | |
| [The following are Competency Review Requirements. The **authorized signee should delete any requirements that have not been completely satisfied** within the identified coursework.]   * Similarities and differences between visually impaired and non-visually impaired children in emotional, social, physical, and intellectual development * Anatomy and physiology of the eye and visual abnormalities * Historical and current developments in education of the visually impaired in the United States and other countries * How to use state-of-the-art diagnostic information * Medical and educational research related to the visually impaired * Use of English Braille (UEB) for non-technical materials and UEB and Nemeth Braille Code for Mathematics for technical materials * Use of assistive technology, such as low-vision devices * Design or modification of the curriculum and instructional materials for the visually impaired * Ways to prepare visually impaired students for classrooms ranging from general education classrooms to schools for the visually impaired * Features of family support and services * Preparation, implementation, and evaluation of Individualized Education Programs (IEPs) * Knowledge of Federal and State Special Education Laws, IEPs, and 504 program development and implementation for students who are visually impaired * Principles and research-based instructional practices for developing emergent reader skills (alphabetic principle, concepts of print, phonological and phonemic awareness) * Phonemic awareness and phonics; principles, knowledge, and instructional practices * Use of assessment for instruction and intervention * Knowledge of a variety of formal and informal reading assessment tools * Use of data from screening, diagnostic, and formative assessments to identify individual strengths and weaknesses and differentiate instruction (prepare mini lessons, select appropriate materials, form flexible groups) * Diagnosis and assessment of reading skills using standardized, criterion-referenced, and informal assessment instruments | | | |
| ***I attest that the statement and information above are true and accurate as attested to by my signature and title.*** | | | |
| Printed Name: |  | Signature: |  |
| Title: |  | | |
| *(\*course instructor, licensure officer, appropriate department chair, program director, assistant dean, dean, registrar, provost, vice-president, president, or chancellor)* | | | |
| **Must be on Official College/University Letterhead** | | | |

**Please note:** The Department may contact signees if any clarification is needed. Documents may be uploaded into your ELAR account or mailed to the Office of Educator Licensure. Information regarding submitting documents may be found at <http://www.doe.mass.edu/licensure/elar/>.

**Requirement Completely Satisfied through Seminar/Workshop Sample Verification Letter Template**

This template is intended for officials authorized by the Office of Educator Licensure (\*authorized signees) to **prepare a letter verifying that an individual has completely satisfied a competency review requirement or requirements** for the **Massachusetts Teacher of the Visually Impaired** license through a seminar(s) and/or workshop(s) that provided at least ten (10) hours of instruction specific to and completely covering each competency review requirement noted within the letter. **Letters must be on official letterhead of the organization that provided the professional learning experience.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Attestation Statement:**  ***[Insert the student’s name and MEPID]*** *received at least ten (10) hours of instruction specific to and completely covering each Competency Review Requirement for the Teacher of the Visually Impaired license listed below through the successful completion of the following professional learning experience(s). These hours of instruction were delivered by a* ***[Insert the name of the organization that provided the professional learning experience]*** *appointed instructor(s).* | | | |
| **Insert title of seminar(s) and/or workshop(s):** | | | |
|  | | | |
|  | | | |
| [The following are Competency Review Requirements. The **authorized signee should delete any requirements that have not been completely satisfied** within the identified professional learning experience(s).]   * Similarities and differences between visually impaired and non-visually impaired children in emotional, social, physical, and intellectual development * Anatomy and physiology of the eye and visual abnormalities * Historical and current developments in education of the visually impaired in the United States and other countries * How to use state-of-the-art diagnostic information * Medical and educational research related to the visually impaired * Use of English Braille (UEB) for non-technical materials and UEB and Nemeth Braille Code for Mathematics for technical materials * Use of assistive technology, such as low-vision devices * Design or modification of the curriculum and instructional materials for the visually impaired * Ways to prepare visually impaired students for classrooms ranging from general education classrooms to schools for the visually impaired * Features of family support and services * Preparation, implementation, and evaluation of Individualized Education Programs (IEPs) * Knowledge of Federal and State Special Education Laws, IEPs, and 504 program development and implementation for students who are visually impaired * Principles and research-based instructional practices for developing emergent reader skills (alphabetic principle, concepts of print, phonological and phonemic awareness) * Phonemic awareness and phonics; principles, knowledge, and instructional practices * Use of assessment for instruction and intervention * Knowledge of a variety of formal and informal reading assessment tools * Use of data from screening, diagnostic, and formative assessments to identify individual strengths and weaknesses and differentiate instruction (prepare mini lessons, select appropriate materials, form flexible groups) * Diagnosis and assessment of reading skills using standardized, criterion-referenced, and informal assessment instruments | | | |
| ***I attest that the statement and information above are true and accurate as attested to by my signature and title:*** | | | |
| Printed Name: |  | Signature: |  |
| Title: |  | | |
| *\* An appropriate representative of the organization that provided the professional learning experience (e.g., instructor, director, principal, executive director, superintendent, etc.)* | | | |
| **Must be on Official Letterhead of the Organization that Provided the Professional Learning Experience** | | | |

**Please note:** The Department may contact signees if any clarification is needed. Documents may be uploaded into your ELAR account or mailed to the Office of Educator Licensure. Information regarding submitting documents may be found at <http://www.doe.mass.edu/licensure/elar/>.

**Requirement Completely Satisfied through Mentored Employment and/or Peer Coaching Sample Verification Letter Template**

This template is intended for superintendents or the equivalent of superintendents in private/non-public schools to **prepare a letter verifying that an individual has completely satisfied a competency review requirement** for the **Massachusetts Teacher of the Visually Impaired** license through mentored employment and/or peer coaching. **Letters must be on official school letterhead.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Attestation Statement:**  ***[Insert the student’s name and MEPID]*** *received at least ten (10) hours of instruction through mentored employment and/or peer coaching specific to and completely covering each of the competency review requirements for the Teacher of the Visually Impaired license listed in this letter. The mentor noted below delivered this mentored employment and/or peer coaching.* | | | | | | | | |
| **Insert Mentor’s Name and MEPID/License #:** | | |  | | | | | |
| **Insert Start Date of Mentored Employment/Peer Coaching:** | | | | M/D/Y | | | **Insert end date:** | M/D/Y |
| **Insert Name of School/District:** | |  | | | | | | |
| [The following are Competency Review Requirements. The superintendent/equivalentshould **delete any requirements that have not been completely satisfied through the noted mentored employment and/or peer coaching**.]   * Similarities and differences between visually impaired and non-visually impaired children in emotional, social, physical, and intellectual development * Anatomy and physiology of the eye and visual abnormalities * Historical and current developments in education of the visually impaired in the United States and other countries * How to use state-of-the-art diagnostic information * Medical and educational research related to the visually impaired * Use of English Braille (UEB) for non-technical materials and UEB and Nemeth Braille Code for Mathematics for technical materials * Use of assistive technology, such as low-vision devices * Design or modification of the curriculum and instructional materials for the visually impaired * Ways to prepare visually impaired students for classrooms ranging from general education classrooms to schools for the visually impaired * Features of family support and services * Preparation, implementation, and evaluation of Individualized Education Programs (IEPs) * Knowledge of Federal and State Special Education Laws, IEPs, and 504 program development and implementation for students who are visually impaired * Principles and research-based instructional practices for developing emergent reader skills (alphabetic principle, concepts of print, phonological and phonemic awareness) * Phonemic awareness and phonics; principles, knowledge, and instructional practices * Use of assessment for instruction and intervention * Knowledge of a variety of formal and informal reading assessment tools * Use of data from screening, diagnostic, and formative assessments to identify individual strengths and weaknesses and differentiate instruction (prepare mini lessons, select appropriate materials, form flexible groups) * Diagnosis and assessment of reading skills using standardized, criterion-referenced, and informal assessment instruments | | | | | | | | |
| ***I attest that the statement and information above are true and accurate as attested to by my signature and title:*** | | | | | | | | |
| Printed Name: |  | | | | Signature: |  | | |
| Title: |  | | | | | | | |
| *(Superintendent or equivalent [private school])* | | | | | | | | |
| **Must be on Official School Letterhead** | | | | | | | | |

**Please note:** The Department may contact signees if any clarification is needed. Documents may be uploaded into your ELAR account or mailed to the Office of Educator Licensure. Information regarding submitting documents may be found at <http://www.doe.mass.edu/licensure/elar/>.

### Foreign Language/World Language (Where There Is No MTEL Subject Matter Test for The Language)

*An MTEL subject matter test is available for the following languages: Chinese (Mandarin), French, German, Italian, Portuguese, Russian, and Spanish. However, a Competency Review is required for all other foreign languages as noted below.*

### Foreign Language/World Languages (PreK-8) and (5-12) - Where There is no MTEL subject matter test for the Language:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| American Sign Language  Arabic  Armenian | Cambodian Creole Haitian  Greek | Hebrew  Hmong  Japanese | Hungarian  Khmer  Korean | Polish  Ukrainian  Vietnamese |

***American Sign Language has a separate set of competency review requirements which are listed below after the other Foreign Language/World Language competency review requirements.***

***Please note that the competency review requirements are not the same for the PreK-6 license and the 5-12 license.***

**Coverage of: Foreign Language/World Language (PreK-6 grade level licenses)**

* Spoken and written command of a standard version of the target language (the version used by a formally educated speaker of the language). \*
* Knowledge of culturally and historically significant literary and non-literary texts and authors associated with the country of origin of the target language and of one other country with which the target language may now be associated.
* Introductory knowledge of contemporary political, social, and artistic features of the country of origin of the target language and of one other country with which the target language may now be associated.
* Children's literature, songs, and games in the target language.
* Characteristics of elementary reading and writing pedagogy in the target language.
* Similarities and differences between the target language and English.
* Theories of, and differences between, first and second language acquisition.

\* Please note that for foreign language/world language licenses other than ASL [where no subject matter knowledge MTEL is available for the target language]: achieving a score of at least Advanced Low on the American Council for the Teaching of Foreign Languages (ACTFL <https://www.actfl.org/>) OPI and WPT proficiency tests in the target language of the license sought will satisfy the competency review requirement: “Spoken and written command of a standard version of the target language.”

**Requirement Completely Satisfied through Coursework Sample Verification Letter Template**

This template is intended for college/university officials authorized by the Office of Educator Licensure (\*authorized signees) to **prepare a letter verifying that an individual has completely satisfied a competency review requirement or requirements** for the **Massachusetts** **Foreign Language/World Language (Prek-6) - where there is no MTEL subject matter test for the language** license through coursework that provided at least ten (10) hours of instruction specific to and completely covering each competency review requirement noted within the letter. **Letters must be on official letterhead of the college or university.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Attestation Statement:**  **[*Insert the student’s name and MEPID]*** *received at least ten (10) hours of instruction specific to and completely covering each Competency Review Requirement listed below for the* ***[Insert the target language]*** *Foreign Language/World Language PreK-6**license through the successful completion of the following coursework.* | | | |
| **Insert prefix(es), number(s) and title(s) of course(s):** | | | |
|  | | | |
|  | | | |
|  | | | |
| [The following are Competency Review Requirements. The authorized signee **should delete any requirements that have not been completely satisfied** within the identified coursework.]   * Knowledge of culturally and historically significant literary and non-literary texts and authors associated with the country of origin of the target language and of one other country with which the target language may now be associated. * Introductory knowledge of contemporary political, social, and artistic features of the country of origin of the target language and of one other country with which the target language may now be associated. * Children's literature, songs, and games in the target language. * Characteristics of elementary reading and writing pedagogy in the target language. * Similarities and differences between the target language and English. * Theories of, and differences between, first and second language acquisition | | | |
| ***I attest that the statement and information above are true and accurate as attested to by my signature and title.*** | | | |
| Printed Name: |  | Signature: |  |
| Title: |  | | |
| *(\*course instructor, licensure officer, appropriate department chair, program director, assistant dean, dean, registrar, provost, vice-president, president, or chancellor)* | | | |
| **Must be on Official College/University Letterhead** | | | |

**Please note:** The Department may contact signees if any clarification is needed. Documents may be uploaded into your ELAR account or mailed to the Office of Educator Licensure. Information regarding submitting documents may be found at <http://www.doe.mass.edu/licensure/elar/>.

**Requirement Completely Satisfied through Seminar/Workshop Sample Verification Letter Template**

This template is intended for officials authorized by the Office of Educator Licensure (\*authorized signees) to **prepare a letter verifying that an individual has completely satisfied a competency review requirement or requirements** for the **Massachusetts** **Foreign Language/World Language (Prek-6) - where there is no MTEL subject matter test for the language** license through a seminar(s) and/or workshop(s) that provided at least ten (10) hours of instruction specific to and completely covering each competency review requirement noted within the letter. **Letters must be on official letterhead of the organization that provided the professional learning experience.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Attestation Statement:**  ***[Insert the student’s name and MEPID]*** *received at least ten (10) hours of instruction specific to and completely covering each Competency Review Requirement listed below for the* ***[Insert the target language]*** *Foreign Language/World Language PreK-6**license**through the successful completion of the following professional learning experience(s). These hours of instruction were delivered by a* ***[Insert the name of the organization that provided the professional learning experience]*** *appointed instructor(s).* | | | |
| **Insert title of seminar(s) and/or workshop(s):** | | | |
|  | | | |
|  | | | |
|  | | | |
| [The following are Competency Review Requirements. The **authorized signee should delete any requirements that have not been completely satisfied** within the identified professional learning experience(s).   * Knowledge of culturally and historically significant literary and non-literary texts and authors associated with the country of origin of the target language and of one other country with which the target language may now be associated. * Introductory knowledge of contemporary political, social, and artistic features of the country of origin of the target language and of one other country with which the target language may now be associated. * Children's literature, songs, and games in the target language. * Characteristics of elementary reading and writing pedagogy in the target language. * Similarities and differences between the target language and English. * Theories of, and differences between, first and second language acquisition. | | | |
| ***I attest that the statement and information above are true and accurate as attested to by my signature and title:*** | | | |
| Printed Name: |  | Signature: |  |
| Title: |  | | |
| *\* An appropriate representative of the organization that provided the professional learning experience (e.g., instructor, director, principal, executive director, superintendent, etc.)* | | | |
| **Must be on Official Letterhead of the Organization that Provided the Professional Learning Experience** | | | |

**Please note:** The Department may contact signees if any clarification is needed. Documents may be uploaded into your ELAR account or mailed to the Office of Educator Licensure. Information regarding submitting documents may be found at <http://www.doe.mass.edu/licensure/elar/>.

**Requirement Completely Satisfied through Mentored Employment and/or Peer Coaching Sample Verification Letter Template**

This template is intended for superintendents or the equivalent of superintendents in private/non-public schools to **prepare a letter verifying that an individual has completely satisfied a competency review requirement** for the **Massachusetts** **Foreign Language/World Language (PreK-6) - where there is no MTEL subject matter test for the language** license through mentored employment and/or peer coaching. **Letters** **must be on official school letterhead.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Attestation Statement:**  ***[Insert the student’s name and MEPID]*** *received at least ten (10) hours of instruction through mentored employment and/or peer coaching specific to and completely covering each of the competency review requirements listed in this letter for the* ***[Insert the target language]*** *Foreign Language/World Language PreK-6**license. The mentor noted below delivered this mentored employment and/or peer coaching.* | | | | | | | | |
| **Insert Mentor’s Name and MEPID/License #** | | |  | | | | | |
| **Insert Start Date of Mentored Employment/Peer Coaching:** | | | | M/D/Y | | | **Insert end date:** | M/D/Y |
| **Insert Name of School/District:** | |  | | | | | | |
| [The following are Competency Review Requirements. The superintendent/equivalentshould **delete any requirements that have not been completely satisfied** through the noted mentored employment and/or peer coaching]   * Knowledge of culturally and historically significant literary and non-literary texts and authors associated with the country of origin of the target language and of one other country with which the target language may now be associated. * Introductory knowledge of contemporary political, social, and artistic features of the country of origin of the target language and of one other country with which the target language may now be associated. * Children's literature, songs, and games in the target language. * Characteristics of elementary reading and writing pedagogy in the target language. * Similarities and differences between the target language and English. * Theories of, and differences between, first and second language acquisition. | | | | | | | | |
| ***I attest that the statement and information above are true and accurate as attested to by my signature and title:*** | | | | | | | | |
| Printed Name: |  | | | | Signature: |  | | |
| Title: |  | | | | | | | |
| *(Superintendent or equivalent [private school])* | | | | | | | | |
| **Must be on Official School Letterhead** | | | | | | | | |

**Please note:** The Department may contact signees if any clarification is needed. Documents may be uploaded into your ELAR account or mailed to the Office of Educator Licensure. Information regarding submitting documents may be found at <http://www.doe.mass.edu/licensure/elar/>.

**Coverage of: Foreign Language/World Language (PreK-6 grade level licenses)**

* Spoken and written command of a standard version of the target language (the version used by a formally educated speaker of the language). \*
* Similarities and differences between the target language and English.
* Theories of, and differences between, first and second language acquisition.
* Knowledge of culturally and historically significant literary and non-literary texts and authors associated with the country of origin of the target language, literary traditions, periods, and genres.
* Introductory knowledge of the other arts (historical traditions, genres, and major artists) associated with the country of origin of the target language.
* Introductory knowledge of the political, social, and intellectual history of the country or culture with which the target language is or was originally associated.
* Introductory knowledge of significant literary and non-literary texts, the arts, and history of at least one other country or people with which the target language may now be as associated.

**\*** Please note that for foreign language/world language licenses other than ASL [where no subject matter knowledge MTEL is available for the target language]: achieving a score of at least Advanced Low on the American Council for the Teaching of Foreign Languages (ACTFL <https://www.actfl.org/>) OPI and WPT proficiency tests in the target language of the license sought will satisfy the competency review requirement: “Spoken and written command of a standard version of the target language.”

**Requirement Completely Satisfied through Coursework Sample Verification Letter Template**

This template is intended for college/university officials authorized by the Office of Educator Licensure (\*authorized signees) to **prepare a letter verifying that an individual has completely satisfied a competency review requirement or requirements** for the **Massachusetts Foreign Language/World Language (5-12) - where there is no MTEL subject matter test for the language** license through coursework that provided at least ten (10) hours of instruction specific to and completely covering each competency review requirement noted within the letter. **Letters must be on official letterhead of the college or university.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Attestation Statement:**  **[*Insert the student’s name and MEPID]*** *received at least ten (10) hours of instruction specific to and completely covering each Competency Review Requirement listed below for the* ***[Insert the target language]*** *Foreign Language/World Language 5-12**license through the successful completion of the following coursework.* | | | |
| **Insert prefix(es), number(s) and title(s) of course(s):** | | | |
|  | | | |
|  | | | |
|  | | | |
| [The following are Competency Review Requirements. The authorized signeeshould **delete any requirements that have not been completely satisfied** within the identified coursework.]   * Similarities and differences between the target language and English. * Theories of, and differences between, first and second language acquisition. * Knowledge of culturally and historically significant literary and non-literary texts and authors associated with the country of origin of the target language, literary traditions, periods, and genres. * Introductory knowledge of the other arts (historical traditions, genres, and major artists) associated with the country of origin of the target language. * Introductory knowledge of the political, social, and intellectual history of the country or culture with which the target language is or was originally associated. * Introductory knowledge of significant literary and non-literary texts, the arts, and history of at least one other country or people with which the target language may now be as associated. | | | |
| ***I attest that the statement and information above are true and accurate as attested to by my signature and title.*** | | | |
| Printed Name: |  | Signature: |  |
| Title: |  | | |
| *(\*course instructor, licensure officer, appropriate department chair, program director, assistant dean, dean, registrar, provost, vice-president, president, or chancellor)* | | | |
| **Must be on Official College/University Letterhead** | | | |

**Please note:** The Department may contact signees if any clarification is needed. Documents may be uploaded into your ELAR account or mailed to the Office of Educator Licensure. Information regarding submitting documents may be found at <http://www.doe.mass.edu/licensure/elar/>.

**Requirement Completely Satisfied through Seminar/Workshop Sample Verification Letter Template**

This template is intended for officials authorized by the Office of Educator Licensure (\*authorized signees) to **prepare a letter verifying that an individual has completely satisfied a competency review requirement or requirements** for the **Massachusetts Foreign Language/World Language (5-12) - where there is no MTEL subject matter test for the language** license through a seminar(s) and/or workshop(s) that provided at least ten (10) hours of instruction specific to and completely covering each competency review requirement noted within the letter. **Letters must be on official letterhead of the organization that provided the professional learning experience.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Attestation Statement:**  ***[Insert the student’s name and MEPID]*** *received at least ten (10) hours of instruction specific to and completely covering each Competency Review Requirement listed below for the* ***[Insert the target language]*** *Foreign Language/World Language 5-12**license through the successful completion of the following professional learning experience(s). These hours of instruction were delivered by a* ***[Insert the name of the organization that provided the professional learning experience]*** *appointed instructor(s).* | | | |
| **Insert title of seminar(s) and/or workshop(s):** | | | |
|  | | | |
|  | | | |
|  | | | |
| [The following are Competency Review Requirements. The **authorized signee should delete any requirements that have not been completely satisfied** within the identified professional learning experience(s).   * Similarities and differences between the target language and English. * Theories of, and differences between, first and second language acquisition. * Knowledge of culturally and historically significant literary and non-literary texts and authors associated with the country of origin of the target language; literary traditions, periods, and genres. * Introductory knowledge of the other arts (historical traditions, genres, and major artists) associated with the country of origin of the target language. * Introductory knowledge of the political, social, and intellectual history of the country or culture with which the target language is or was originally associated. * Introductory knowledge of significant literary and non-literary texts, the arts, and history of at least one other country or people with which the target language may now be as associated. | | | |
| ***I attest that the statement and information above are true and accurate as attested to by my signature and title:*** | | | |
| Printed Name: |  | Signature: |  |
| Title: |  | | |
| *\* An appropriate representative of the organization that provided the professional learning experience (e.g., instructor, director, principal, executive director, superintendent, etc.)* | | | |
| **Must be on Official Letterhead of the Organization that Provided the Professional Learning Experience** | | | |

**Please note:** The Department may contact signees if any clarification is needed. Documents may be uploaded into your ELAR account or mailed to the Office of Educator Licensure. Information regarding submitting documents may be found at <http://www.doe.mass.edu/licensure/elar/>.

**Requirement Completely Satisfied through Mentored Employment and/or Peer Coaching Sample Verification Letter Template**

This template is intended for superintendents or the equivalent of superintendents in private/non-public schools to **prepare a letter verifying that an individual has completely satisfied a competency review requirement** for the **Massachusetts Foreign Language/World Language (5-12) - where there is no MTEL subject matter test for the language** license through mentored employment and/or peer coaching. **Letters** **must be on official school letterhead.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Attestation Statement:**  **[Insert the student’s name and MEPID]** received at least ten (10) hours of instruction through mentored employment and/or peer coaching specific to and completely covering each of the competency review requirements listed in this letter for the ***[Insert the target language]*** Foreign Language/World Language 5-12license. The mentor noted below delivered this mentored employment and/or peer coaching. | | | | | | | | |
| **Insert Mentor’s Name and MEPID/License #:** | | |  | | | | | |
| **Insert Start Date of Mentored Employment/Peer Coaching:** | | | | | M/D/Y | | **Insert end date:** | M/D/Y |
| **Insert Name of School/District:** | |  | | | | | | |
| [The following are Competency Review Requirements. The superintendent/equivalentshould **delete any requirements that have not been completely satisfied** through the noted mentored employment and/or peer coaching   * Similarities and differences between the target language and English. * Theories of, and differences between, first and second language acquisition. * Knowledge of culturally and historically significant literary and non-literary texts and authors associated with the country of origin of the target language; literary traditions, periods, and genres. * Introductory knowledge of the other arts (historical traditions, genres, and major artists) associated with the country of origin of the target language. * Introductory knowledge of the political, social, and intellectual history of the country or culture with which the target language is or was originally associated. * Introductory knowledge of significant literary and non-literary texts, the arts, and history of at least one other country or people with which the target language may now be as associated. | | | | | | | | |
| ***I attest that the statement and information above are true and accurate as attested to by my signature and title:*** | | | | | | | | |
| Printed Name: |  | | | Signature: | |  | | |
| Title: |  | | | | | | | |
| *(Superintendent or equivalent [private school])* | | | | | | | | |
| **Must be on Official School Letterhead** | | | | | | | | |

**Please note:** The Department may contact signees if any clarification is needed. Documents may be uploaded into your ELAR account or mailed to the Office of Educator Licensure. Information regarding submitting documents may be found at <http://www.doe.mass.edu/licensure/elar/>.

### Foreign Language/World Language American Sign Language (Prek-6 And 5-12)

**Coverage of:**

* Expressive and receptive fluency in American Sign Language at a level of proficiency set by the Board. \*
* Knowledge of deaf history.
* Knowledge of deaf culture.
* Introductory knowledge of deaf art.
* Knowledge of different literary genres; for example, children's literature, poetry, and games associated with the deaf.
* Theories of first and second language acquisition for American Sign Language.
* Similarities and differences in the linguistic structure of American Sign Language and English.
* Knowledge of methods of instruction in American Sign Language.
* Knowledge of philosophies of American Sign Language.

**\*** Achieving a passing score (rating of at least intermediate) on the SLPI: ASL test will satisfy this requirement. Further information, including test preparation, can be found at <http://www.rit.edu/ntid/slpi/>. While there is no appeal process, a candidate may re-take the SLPI: ASL test until a passing score is received. If you have an official SLPI test score from out of state, then please call MCDHH at 617-740-1690 and have your letter with SLPI: ASL test information available.

Please note that achieving a passing score on all 3 subtests of the California Subject Examination for Teachers American Sign Language exam will satisfy competency review requirements for the license except for the following: Expressive and receptive fluency in American Sign Language at a level of proficiency set by the Board; and Knowledge of methods of instruction in American Sign Language. Information regarding the exam can be found at <http://www.ctcexams.nesinc.com/>.

**Requirement Completely Satisfied through Coursework Sample Verification Letter Template**

This template is intended for college/university officials authorized by the Office of Educator Licensure (\*authorized signees) to **prepare a letter verifying that an individual has completely satisfied a competency review requirement or requirements** for the **Massachusetts** **Foreign Language/World Language American Sign Language** license through coursework that provided at least ten (10) hours of instruction specific to and completely covering each competency review requirement noted within the letter. **Letters must be on official letterhead of the college or university.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Attestation Statement:**  **[*Insert the student’s name and MEPID]*** *received at least ten (10) hours of instruction specific to and completely covering each Competency Review Requirement listed below for the Foreign Language/World Language American Sign Language license through the successful completion of the following coursework.* | | | |
| **Insert prefix(es), number(s) and title(s) of course(s)** | | | |
|  | | | |
|  | | | |
|  | | | |
| [The following are Competency Review Requirements. The **authorized signee should delete any requirements that have not been completely satisfied** within the identified coursework.]   * Knowledge of deaf history. * Knowledge of deaf culture. * Introductory knowledge of deaf art. * Knowledge of different literary genres; for example, children's literature, poetry, and games associated with the deaf. * Theories of first and second language acquisition for American Sign Language * Similarities and differences in the linguistic structure of American Sign Language and English Components: * Knowledge of methods of instruction in American Sign Language. * Knowledge of philosophies of American Sign Language | | | |
| ***I attest that the statement and information above are true and accurate as attested to by my signature and title.*** | | | |
| Printed Name: |  | Signature: |  |
| Title: |  | | |
| *(\*course instructor, licensure officer, appropriate department chair, program director, assistant dean, dean, registrar, provost, vice-president, president, or chancellor)* | | | |
| **Must be on Official College/University Letterhead** | | | |

**Please note:** The Department may contact signees if any clarification is needed. Documents may be uploaded into your ELAR account or mailed to the Office of Educator Licensure. Information regarding submitting documents may be found at <http://www.doe.mass.edu/licensure/elar/>.

**Requirement Completely Satisfied through Seminar/Workshop Sample Verification Letter Template**

This template is intended for officials authorized by the Office of Educator Licensure (\*authorized signees) to **prepare a letter verifying that an individual has completely satisfied a competency review requirement or requirements** for the **Massachusetts Foreign Language/World Language American Sign Language** license through a seminar(s) and/or workshop(s) that provided at least ten (10) hours of instruction specific to and completely covering each competency review requirement noted within the letter. **Letters must be on official letterhead of the organization that provided the professional learning experience.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Attestation Statement:**  ***[Insert the student’s name and MEPID]*** *received at least ten (10) hours of instruction specific to and completely covering each Competency Review Requirement listed below for the Foreign Language/World Language American Sign Language license through the successful completion of the following professional learning experience(s). These hours of instruction were delivered by a* ***[Insert the name of the organization that provided the professional learning experience]*** *appointed instructor(s).* | | | |
| **Insert title of seminar(s) and/or workshop(s):** | | | |
|  | | | |
|  | | | |
|  | | | |
| [The following are Competency Review Requirements. The authorized signee should **delete any requirements that have not been completely satisfied** within the identified professional learning experience(s).   * Knowledge of deaf history. * Knowledge of deaf culture. * Introductory knowledge of deaf art. * Knowledge of different literary genres; for example, children's literature, poetry, and games associated with the deaf. * Theories of first and second language acquisition for American Sign Language * Similarities and differences in the linguistic structure of American Sign Language and English Components: * Knowledge of methods of instruction in American Sign Language. * Knowledge of philosophies of American Sign Language. | | | |
| ***I attest that the statement and information above are true and accurate as attested to by my signature and title:*** | | | |
| Printed Name: |  | Signature: |  |
| Title: |  | | |
| *\* An appropriate representative of the organization that provided the professional learning experience (e.g., instructor, director, principal, executive director, superintendent, etc.)* | | | |
| **Must be on Official Letterhead of the Organization that Provided the Professional Learning Experience** | | | |

**Please note:** The Department may contact signees if any clarification is needed. Documents may be uploaded into your ELAR account or mailed to the Office of Educator Licensure. Information regarding submitting documents may be found at <http://www.doe.mass.edu/licensure/elar/>.

**Requirement Completely Satisfied through Mentored Employment and/or Peer Coaching Sample Verification Letter Template**

This template is intended for superintendents or the equivalent of superintendents in private/non-public schools to **prepare a letter verifying that an individual has completely satisfied a competency review requirement** for the **Massachusetts Foreign Language/World Language American Sign Language** license through mentored employment and/or peer coaching. **Letters** **must be on official school letterhead.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Attestation Statement:**  ***[Insert the student’s name and MEPID]*** *received at least ten (10) hours of instruction through mentored employment and/or peer coaching specific to and completely covering each of the competency review requirements listed in this letter for the Foreign Language/World Language American Sign Language license. The mentor noted below delivered this mentored employment and/or peer coaching.* | | | | | | | | |
| **Insert Mentor’s Name and MEPID/License #:** | | | |  | | | | |
| **Insert Start Date of Mentored Employment/Peer Coaching:** | | | | | M/D/Y | | **Insert end date:** | M/D/Y |
| **Insert Name of School/District:** | |  | | | | | | |
| [The following are Competency Review Requirements. The superintendent/equivalentshould **delete any requirements that have not been completely satisfied** through the noted mentored employment and/or peer coaching.   * Knowledge of deaf history. * Knowledge of deaf culture. * Introductory knowledge of deaf art. * Knowledge of different literary genres; for example, children's literature, poetry, and games associated with the deaf. * Theories of first and second language acquisition for American Sign Language * Similarities and differences in the linguistic structure of American Sign Language and English Components: * Knowledge of methods of instruction in American Sign Language. * Knowledge of philosophies of American Sign Language | | | | | | | | |
| ***I attest that the statement and information above are true and accurate as attested to by my signature and title:*** | | | | | | | | |
| Printed Name: |  | | Signature: | | |  | | |
| Title: |  | | | | | | | |
| *(Superintendent or equivalent [private school])* | | | | | | | | |
| **Must be on Official School Letterhead** | | | | | | | | |

**Please note:** The Department may contact signees if any clarification is needed. Documents may be uploaded into your ELAR account or mailed to the Office of Educator Licensure. Information regarding submitting documents may be found at <http://www.doe.mass.edu/licensure/elar/>.

# COMPONENTS OF EACH SUBJECT MATTER KNOWLEDGE COMPETENCY REVIEW REQUIREMENT

Many of the Competency Review Requirements have multiple components. To assist the authors (superintendents, principals, course instructors, deans, directors etc.) in preparing letters to document that a requirement has been **partially satisfied** through coursework, seminars/workshops and/or mentored employment/peer coaching the following are the components for each requirement. If a requirement has not been completely satisfied within 10 hours of instruction, we have provided Sample Verification Letter Templates below as well as some examples as to how they may be applicable.

## Digital Literacy/Computer Science (PreK-6)

**TBD**

## General Science (1-6)

**Ecosystems, organism structures and processes, heredity, and biological evolution**

* Components:

1. Ecosystems
2. Organism structures and processes
3. Heredity
4. Biological evolution

**Energy and energy transfer, waves, and their application**

* Components:

1. Energy and energy transfer
2. Waves and their application

**Earth's place in the universe, Earth's system, and human impacts on Earth's system**

* Components:

1. Earth’s place in the universe
2. Earth’s system
3. Human impacts on Earth’s system

**Science and engineering practices as applied to the sciences, and safety**

* Components:

1. Science and engineering practices as applied to the sciences
2. Science and engineering practices as applied to safety

**Engineering design process**

* This requirement consists of one component

**Matter and its interactions, forces, and motion**

* Components:

1. Matter and its interactions
2. Forces
3. Motion

## History (1-6)

**United States History**

* This requirement consists of one component

**World History**

* This requirement consists of one component

**Geography**

* This requirement consists of one component

**Economics**

* This requirement consists of one component

**Civics & Government**

* Components:

1. Civics
2. Government

**News/Media Literacy**

* This requirement consists of one component

## History/Social Science (1-6)

**United States history from early colonization to the Civil War, as well as the continued struggle for civil rights for all in the 20th and 21st centuries**

* Components:

1. United States history from early colonization to the Civil War
2. The continued struggle for civil rights for all in the 20th and 21st centuries

**Major events, developments, and figures in Massachusetts history, including the histories and cultures of Native Peoples in the region**

* Components:

1. Major events in Massachusetts history
2. Major developments in Massachusetts history
3. Major figures in Massachusetts history
4. Histories of Native People in the region
5. Cultures of Native People in the region

**Major political, economic, social, cultural and technological developments in world history to approximately 1500 CE**

* Components:

1. Major political developments in world history to approximately 1500 CE
2. Major economic developments in world history to approximately 1500 CE
3. Major social developments in world history to approximately 1500 CE
4. Major cultural developments in world history to approximately 1500 CE
5. Major technological developments in world history to approximately 1500 CE

**United States political principles, institutions, and processes, their history and development**

* Components:

1. United States political principles, their history and development
2. United States political institutions, their history and development
3. United States political processes, their history and development

**Major physical features of Massachusetts, the United States, and the world; foundational concepts of geography appropriate to the elementary school curriculum, and the relationship between geography and culture**

* Components:

1. Major physical features of Massachusetts
2. Major physical features of the United States
3. Major physical features of the world
4. Foundational concepts of geography appropriate to the elementary curriculum
5. The relationship between geography and culture

**Foundational economic principles and concepts appropriate to the elementary school curriculum**

* Components:

1. Foundational economic principles appropriate to the elementary school curriculum
2. Foundational economic concepts appropriate to the elementary school curriculum

**Foundational civic principles and concepts appropriate to the elementary school curriculum**

* Components:

1. Foundational civic principles appropriate to the elementary curriculum
2. Foundational civic concepts appropriate to the elementary curriculum

**The variety of methods, procedures, and sources used in the study of history and social science;**

* Components:

1. The variety of methods used in the study of history
2. The variety of procedures used in the study of history
3. The variety of sources used in the study of history
4. The variety of methods used in the study of social science
5. The variety of procedures used in the study of social science
6. The variety of sources used in the study of social science

**The range of disciplinary skills used in the process of history and social science inquiry and research as described by the Standards for History and Social Science Practice in the Massachusetts Framework**

* Components:

1. The range of disciplinary skills used in the process of history inquiry as described by the Standards for History and Social Science Practice in the Massachusetts Framework
2. The range of disciplinary skills used in the process of social science inquiry as described by the Standards for History and Social Science Practice in the Massachusetts Framework
3. The range of disciplinary skills used in the process of history research as described by the Standards for History and Social Science Practice in the Massachusetts Framework
4. The range of disciplinary skills used in the process of social science research as described by the Standards for History and Social Science Practice in the Massachusetts Framework

**Guiding principles of effective, culturally and linguistically sustaining history and social science education, including strategies to support all students in honest and informed academic discussions of prejudice, racism, and bigotry.**

* Components:

1. Guiding principles of effective culturally sustaining history education
2. Guiding principles of effective linguistically sustaining history education
3. Guiding principles of effective culturally sustaining social science education
4. Guiding principles of effective linguistically sustaining social science education
5. Strategies to support all students in honest and informed academic discussions of prejudice
6. Strategies to support all students in honest and informed academic discussions of racism
7. Strategies to support all students in honest and informed academic discussions of bigotry

## Library (All Levels)

**Characteristics, uses, and design of information systems, for standard reference sources and appropriate technologies**

* Components:

1. Characteristics of information systems for standard reference sources
2. Uses of information systems for standard reference sources
3. Design of information systems for standard reference source
4. Characteristics of information systems for appropriate technologies
5. Uses of information systems for appropriate technologies
6. Design of information systems for appropriate technologies

**Selection, acquisition, organization, and maintenance of information resources**

* Components:

1. Selection of information resources
2. Acquisition of information resources
3. Organization of information resources
4. Maintenance of information resources

**Appropriate equipment for using information resources**

* This requirement consists of one component

**Development, organization, management, and evaluation of school library media programs and resource centers**

* Components:

1. Development of school library media programs
2. Development of resource centers
3. Organization of school library media programs
4. Organization of resource centers
5. Management of school library media programs
6. Management of resource centers
7. Evaluation of school library media programs
8. Evaluation of resource center

**Literature for children and young adults**

* Components:

1. Literature for children
2. Literature for young adults

**Selection, adaptation, and production of instructional materials**

* Components:

1. Selection of instructional materials
2. Adaptation of instructional materials
3. Production of instructional materials

**Federal and state laws and regulations pertaining to media, including those governing access to and reproduction of materials**

* Components:

1. Federal laws pertaining to media, including those governing access to and reproduction of materials
2. State laws pertaining to media, including those governing access to and reproduction of materials
3. Federal regulations pertaining to media, including those governing access to and reproduction of materials
4. State regulations pertaining to media, including those governing access to and reproduction of materials

**Ethical issues affecting library media services**

* This requirement consists of one component

**Community and governmental resources**

* Components:

1. Community resources
2. Governmental resources

## Teacher of the Deaf and Hard-of-Hearing [American Sign Language/Total Communication] (All Levels)

**Knowledge of the perception, acquisition, and processing of language (including both spoken and sign language)**

* Components:

1. Knowledge of the perception of language (including both spoken and sign language)
2. Knowledge of the acquisition of language (including both spoken and sign language)
3. Knowledge of the processing of language (including both spoken and sign language)

**Knowledge of strategies for supporting language acquisition in sign language.**

* This requirement consists of one component

**Knowledge of theories in typical and atypical child development as it relates to children who are deaf or hard of hearing, including emotional, social and intellectual development**

* Components

1. Knowledge of theories in typical child development as it relates to children who are deaf or hard of hearing, including emotional, social and intellectual development
2. Knowledge of theories in atypical child development as it relates to children who are deaf or hard of hearing, including emotional, social and intellectual development

**Knowledge of the design and modifications of curricular and instructional materials to ensure accessibility of the curriculum for deaf or hard of hearing students with and without special needs**

* Components:

1. Knowledge of the design of curricular and instructional materials to ensure accessibility of the curriculum for deaf or hard of hearing students with special needs
2. Knowledge of the design of curricular and instructional materials to ensure accessibility of the curriculum for deaf or hard of hearing students without special needs
3. Knowledge of the modifications of curricular and instructional materials to ensure accessibility of the curriculum for deaf or hard of hearing students with special needs
4. Knowledge of the modifications of curricular and instructional materials to ensure accessibility of the curriculum for deaf or hard of hearing students without special needs

**Knowledge of strategies for promoting literacy among students who are deaf or hard of hearing**

* This requirement consists of one component

**Knowledge of the clinical foundations of hearing**

* This requirement consists of one component

**Knowledge of the relationship between ASL and English and strategies for translating between ASL and English**

* Components:

1. Knowledge of the relationship between ASL and English
2. Strategies for translating between ASL and English

**Knowledge of Deaf culture, Deaf history and the Deaf community**

* Components:

1. Knowledge of Deaf culture
2. Knowledge of Deaf history
3. Knowledge of the Deaf community

**Knowledge of medical, social, and ethical issues related to educating students who are deaf or hard of hearing**

* Components:

1. Knowledge of medical issues related to educating students who are deaf or hard of hearing
2. Knowledge of social issues related to educating students who are deaf or hard of hearing
3. Knowledge of ethical issues related to educating students who are deaf or hard of hearing

**Knowledge of Federal and State Special Education Laws, Individualized Education Programs (IEPs) and Section 504 of the Rehabilitation Act of 1973 (29 USC 794) plan development and implementation for students who are deaf or hard of hearing**

* Components:

1. Knowledge of Federal Special Education Laws, for students who are deaf or hard of hearing
2. Knowledge of State Special Education Laws for students who are deaf or hard of hearing
3. Knowledge of Individualized Education Programs (IEPs) for students who are deaf or hard of hearing
4. Knowledge of Section 504 of the Rehabilitation Act of 1973 (29 USC 794) plan development and implementation for students who are deaf or hard of hearing

**Critical analysis and application of research relevant to educating students who are deaf or hard of hearing**

* Components:

1. Critical analysis of research relevant to educating students who are deaf or hard of hearing
2. Critical application of research relevant to educating students who are deaf or hard of hearing

## Teacher of the Deaf and Hard-of-Hearing [Oral/Aural] (All Levels)

**The anatomy and physiology of ear and neural pathways, physics of sound and psychoacoustics including auditory perception, speech acoustics and impact of environmental acoustics on speech understanding and** **listening**

* Components:

1. The anatomy and physiology of ear and neural pathways
2. The physics of sound and psychoacoustics including auditory perception, speech acoustics
3. The impact of environmental acoustics on speech understanding and listening

**Hearing measurement** **and etiology (both objective and subjective screening and test methods), test interpretation, hearing levels and the impact on listening and speech perception**

* Components:

1. Hearing measurement and etiology (objective screening and test methods)
2. Hearing measurement and etiology (subjective screening and test methods)
3. Test interpretation
4. Hearing levels and the impact on listening and speech perception

**Function and uses of available sensory devices and hearing assistive technology**

* Components:

1. Function of available sensory devices
2. Function of hearing assistive technology
3. Uses of available sensory devices
4. Uses of hearing assistive technology

**Typical auditory development, auditory development of children with hearing loss, auditory development using hearing technology, the auditory hierarchy, acoustic phonetics (sounds of speech and transmission/reception), appropriate electroacoustic and functional assessments, and factors that impact auditory development**

* Components:

1. Typical auditory development
2. Auditory development of children with hearing loss
3. Auditory development using hearing technology
4. The auditory hierarchy
5. Acoustic phonetics (sounds of speech and transmission/reception)
6. Appropriate electroacoustic and functional assessments
7. Factors that impact auditory development

**Speech production: sequence of development (typical and atypical), anatomy and physiology of the speech/voice mechanism; and formal and informal speech production assessment measures**

* Components:

1. Speech production: sequence of development (typical)
2. Speech production: sequence of development (atypical)
3. Anatomy and physiology of the speech/voice mechanism
4. Formal speech production assessment measures
5. Informal speech production assessment measures

## Teacher of Students with Moderate Disabilities (PreK-8 and 5-12)

**Educational terminology for students with mild to moderate disabilities**

* Components:

1. Educational terminology for students with mild disabilities
2. Educational terminology for students with moderate disabilities

**Preparation, implementation, and evaluation of Individualized Education Programs (IEPs)**

* Components:

1. Preparation of Individualized Education Programs
2. Implementation of Individualized Education Programs
3. Evaluation of Individualized Education Programs

**Design or modification of curriculum, instructional materials, and general education classroom environments for students with moderate disabilities**

* Components:

1. Design or modification of curriculum for students with moderate disabilities
2. Design or modification of instructional materials for students with moderate disabilities
3. Design or modification of general education classroom environments for students with moderate disabilities

**Federal and state laws and regulations pertaining to special education**

* Components:

1. Federal laws pertaining to special education
2. Federal regulations pertaining to special education
3. State laws pertaining to special education
4. State regulations pertaining to special education

**Knowledge of services provided by other agencies**

* This requirement consists of one component

**Ways to prepare and maintain students with disabilities for general education classrooms, for example, use of behavioral management principals**

* Components:

1. Ways to prepare students with disabilities for general education classrooms
2. Ways to maintain students with disabilities for general education classrooms

**Instruction on the appropriate use of augmentative and alternative communication and other assistive technologies**

* Components:

1. Instruction on the appropriate use of augmentative communications
2. Instruction on the appropriate use of alternative communication
3. Instruction on the appropriate use of other assistive technologies

## Teacher of Students with Severe Disabilities (All Levels)

**Definitions, etiologies, and characteristics of severely disabling conditions**

* Components:

1. Definitions of severely disabling conditions
2. Etiologies of severely disabling conditions
3. Characteristics of severely disabling conditions

**Theories, concepts, and methods of assessing physical, emotional, intellectual, and social development in children and adolescents**

* Components:

1. Theories, concepts, and methods of assessing physical, emotional, intellectual, and social development in children
2. Theories, concepts, and methods of assessing physical, emotional, intellectual, and social development in adolescents

**Theories of language development and the effects of disabilities on learning**

* Components:

1. Theories of language development
2. The effects of disabilities on learning

**Reading theory, research and practice. Knowledge of the significant theories, practices, and programs for developing reading skills and reading comprehension. Phonemic awareness and phonics: principles, knowledge, and instructional practices. Diagnosis and assessment of reading skills using standardized, criterion referenced, and informal assessment instruments**

* Components:

1. Reading theory
2. Reading research
3. Reading practice
4. Knowledge of the significant theories for developing reading skills and reading comprehension
5. Knowledge of the significant practices for developing reading skills and reading comprehension
6. Knowledge of the significant programs for developing reading skills and reading comprehension
7. Principles of phonemic awareness and phonics
8. Knowledge of phonemic awareness and phonics
9. Instructional practices on phonemic awareness and phonics
10. Diagnosis of reading skills using standardized assessment instruments
11. Diagnosis of reading skills using criterion referenced assessment instruments
12. Diagnosis of reading skills using informal assessment instruments
13. Assessment of reading skills using standardized assessment instruments
14. Assessment of reading skills using criterion referenced assessment instruments
15. Assessment of reading skills using informal assessment instruments

**Theories on the relationships between beginning writing and reading**

* This requirement consists of one component

**Theories of first and second language acquisition and development**

* Components:

1. Theories of first language acquisition and development
2. Theories of second language acquisition and development

**Preparation, implementation, and evaluation of Individualized Education Programs (IEPs)**

* Components:

1. Preparation of Individualized Education Programs
2. Implementation of Individualized Education Programs
3. Evaluation of Individualized Education Programs

**How to design or modify curriculum, instructional materials, and classroom environments for students with severe disabilities**

* Components:

1. How to design or modify curriculum for students with severe disabilities
2. How to design or modify instructional materials for students with severe disabilities
3. How to design or modify classroom environments for students with severe disabilities

**Ways to prepare and maintain students with severe disabilities for general education classrooms; for example, use of behavioral management principals**

* Components:

1. Ways to prepare students with severe disabilities for general education classrooms
2. Ways to maintain students with severe disabilities for general education classrooms

**Knowledge of services provided by other agencies**

* This requirement consists of one component

**Knowledge of appropriate vocational or alternative school programs, or work-study and community-based opportunities and alternative high school programs and how to refer students to them**

* Components:

1. Knowledge of appropriate vocational or alternative school programs and how to refer students to them
2. Knowledge of appropriate work-study programs and how to refer students to them
3. Knowledge of community -based opportunities and how to refer students to them
4. Knowledge of alternative high school programs and how to refer students to them

**Federal and state laws pertaining to special education**

* Components:

1. Federal laws pertaining to special education
2. State laws pertaining to special education

**Techniques for developing skills designed to facilitate placement in least restrictive environments**

* This requirement consists of one component

**Instruction on the appropriate use of augmentative and alternative communication and other assistive technologies**

* Components:

1. Instruction on the appropriate use of augmentative communication
2. Instruction on the appropriate use of alternative communication
3. Instruction on the appropriate use of other assistive technologies

**Source and operation of orthotic devices, medical technologies, and computer-moderated prosthetic devices**

* Components:

1. Source and operation of orthotic devices
2. Source and operation of medical technologies
3. Source and operation of computer-moderated prosthetic device

## Teacher of the Visually Impaired (All Levels)

**Similarities and differences between visually impaired and non-visually impaired children in emotional, social, physical, and intellectual development**

* Components:

1. Similarities between the visually impaired and non-visually impaired children in emotional, development
2. Similarities between the visually impaired and non-visually impaired children in social development
3. Similarities between the visually impaired and non-visually impaired children in intellectual development
4. Differences between the visually impaired and non-visually impaired children in emotional, development
5. Differences between the visually impaired and non-visually impaired children in social development
6. Differences between the visually impaired and non-visually impaired children in intellectual development

**Anatomy and physiology of the eye and visual abnormalities**

* Components:

1. Anatomy and physiology of the eye
2. Anatomy and physiology of visual abnormalities

**Historical and current developments in education of the visually impaired in the United States and other countries**

* Components:

1. Historical developments in education of the visually impaired in the United States
2. Historical developments in education of the visually impaired in other countries
3. Current developments in education of the visually impaired in the United States
4. Current developments in education of the visually impaired in other countries

**How to use state-of-the-art diagnostic information**

* This requirement consists of one component

**Medical and** **educational research** **related to the visually impaired**

* Components:

1. Medical research related to the visually impaired
2. Educational research related to the visually impaired

**Use of English Braille (UEB) for non-technical materials and UEB and Nemeth Braille Code for Mathematics for technical materials**

* Components:

1. Use of English Braille (UEB) for non-technical materials
2. Use of UEB for technical materials,
3. Use of Nemeth Braille Code for Mathematics for technical material

**Use of assistive technology, such as low-vision devices.**

* This requirement consists of one component

**Design or modification of the curriculum and instructional materials for the visually impaired**

* Components:

1. Design or modification of the curriculum for the visually impaired
2. Design or modification of the instructional materials for the visually impaired

## Foreign Language/World Language [No MTEL] (PreK-6)

**Knowledge of culturally and historically significant literary and non-literary texts and authors associated with the country of origin of the target language and of** **one other country with which the target language may now be associated**

* Components:

1. Knowledge of culturally significant literary texts and authors associated with the country of origin of the target language
2. Knowledge of culturally significant non-literary texts and authors associated with the country of origin of the target language
3. Knowledge of culturally significant literary texts and authors associated with one other country with which the target language may now be associated
4. Knowledge of culturally significant non-literary texts and authors associated with one other country with which the target language may now be associated
5. Knowledge of historically significant literary texts and authors associated with the country of origin of the target language
6. Knowledge of historically significant non-literary texts and authors associated with the country of origin of the target language
7. Knowledge of historically significant literary texts and authors associated with one other country with which the target language may now be associated
8. Knowledge of historically significant non-literary texts and authors associated with one other country with which the target language may now be associated.

**Introductory knowledge of contemporary political, social, and artistic features of the country of origin of the target language and of one other country with which the target language may now be associated**

* Components:

1. Introductory knowledge of contemporary political features of the country of origin of the target language
2. Introductory knowledge of contemporary social features of the country of origin of the target language
3. Introductory knowledge of contemporary artistic features of the country of origin of the target language
4. Introductory knowledge of contemporary political features of one other country with which the target language may now be associated
5. Introductory knowledge of contemporary social features of one other country with which the target language may now be associated
6. Introductory knowledge of contemporary artistic features of one other country with which the target language may now be associated

**Children's literature, songs, and games in the target language**

* Components:

1. Children’s literature in the target language
2. Children’s songs in the target language
3. Children’s games in the target language

**Characteristics of elementary reading and writing pedagogy in the target language**

* Components:

1. Characteristics of elementary reading pedagogy in the target language
2. Characteristics of elementary writing pedagogy in the target language

**Similarities and differences between the target language and English**

* Components:

1. Similarities between the target language and English
2. Differences between the target language and English

**Theories of, and differences between, first and second language acquisition**

* Components:

1. Theories of first language acquisition
2. Theories of second language acquisition
3. Differences between first and second language acquisition

## Foreign Language/World Language [No MTEL] (5-12)

**Similarities and differences between the target language and English**

* Components

1. Similarities between the target language and English,
2. Differences between the target language and English

**Theories of, and differences between**, **first and second language acquisition**

* Components

1. Theories of first language acquisition,
2. Theories of second language acquisition
3. Differences between first and second language acquisition

**Knowledge of culturally and historically significant literary and non-literary texts and authors associated with the country of origin of the target language; literary traditions, periods, and genres**

* Components

1. Knowledge of culturally significant literary texts and authors associated with the country of origin of the target language
2. Knowledge of culturally significant non-literary texts and authors associated with the country of origin of the target language,
3. Knowledge of historically significant literary texts and authors associated with the country of origin of the target language,
4. Knowledge of historically significant non-literary texts and authors associated with the country of origin of the target language,
5. Knowledge of culturally significant literary traditions, periods, and genres
6. Knowledge of historically significant literary traditions, periods, and genres

**Introductory knowledge of the other arts (historical traditions, genres, and major artists) associated with the country of origin of the target language**

* Components:

1. Introductory knowledge of the historical traditions associated with the country of origin of the target language
2. Introductory knowledge of the genres associated with the country of origin of the target language
3. Introductory knowledge of the major artists associated with the country of origin of the target language.

**Introductory knowledge of the political, social and intellectual history of the country or culture with which the target language is or was originally associated**

* Components
  1. Introductory knowledge of the political history of the country or culture with which the target language is or was originally associated
  2. Introductory knowledge of the social history of the country or culture with which the target language is or was originally associated
  3. Introductory knowledge of the intellectual history of the country or culture with which the target language is or was originally associated

**Introductory knowledge of significant literary and non-literary texts, the arts and history of at least one other country or people with which the target language may now be as associated**

* Components
  1. Introductory knowledge of significant literary texts
  2. Introductory knowledge of significant non-literary texts
  3. the arts of at least one other country or people with which the target language may now be as associated
  4. the history of at least one other country or people with which the target language may now be as associated

## Foreign Language/World Language [American Sign Language] (PreK-6 AND 5-12)

**Knowledge of deaf history**

* This requirement consists of one component

**Knowledge of deaf culture**

* This requirement consists of one component

**Introductory knowledge of deaf art**

* This requirement consists of one component

**Knowledge of different literary genres; for example, children's literature, poetry, and games associated with the deaf**

* This requirement consists of one component

**Theories of first and second language acquisition for American Sign Language**

* Components:

1. Theories of first language acquisition for American Sign Language
2. Theories of second language acquisition for American Sign Language

**Similarities and differences in the linguistic structure of American Sign Language and English**

* Components:

1. Similarities in the linguistic structure of American Sign Language and English
2. Differences in the linguistic structure of American Sign Language and English

**Knowledge of** **methods of instruction in American Sign Language**

* This requirement consists of one component

**Knowledge of philosophies of American Sign Language**

* This requirement consists of one component

# REQUIREMENTS PARTIALLY SATISFIED SAMPLE VERIFICATION LETTER TEMPLATES

## Requirement Partially Satisfied Through Coursework Sample Verification Letter Template

This template is intended for college/university officials authorized by the Office of Educator Licensure (\*authorized signees) to **prepare a letter verifying that an individual has partially satisfied a competency review requirement** through coursework that provided hours of instruction specific to and completely covering a component or components of a requirement (shy of completely covering all components of the requirement). **The letters must be on official letterhead of the college or university.**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Attestation Statement:***  ***[Insert the student’s name and MEPID****] received [****insert the applicable number of hours****] hours of instruction specific to and completely covering each component of [****Insert the complete competency review requirement****] requirement listed below for the [****Insert field and grade level of the license sought****] through the successful completion of the following courses****:*** | | | |
| **Insert prefix(es), number(s) and title(s) of course(s)** | | | |
|  | | | |
|  | | | |
|  | | | |
| **Component(s) of the requirement completely covered within the identified coursework:**   * ***[insert component(s) completely covered]*** | | | |
| ***I attest that the statement and information above are true and accurate as attested to by my signature and title:*** | | | |
| Print Name: |  | Signature: |  |
| Title: |  | | |
| *(\*course instructor, licensure officer, appropriate department chair, registrar, or dean, provost, chancellor, vice president, or president)* | | | |
| **Must be on Official College/University Letterhead.** | | | |

**Please note:** The Department may contact the signee if any clarification is needed. Documents may be uploaded into your ELAR account or mailed to the Office of Educator Licensure. Information regarding submitting documents can be found at <http://www.doe.mass.edu/licensure/elar/>.

**Example of an applicable scenario for an applicant trying to complete competency review requirements for the Moderate Disabilities 5-12 license via completed coursework**

**Scenario 1:**

Jason Burns completed course EDUC 900 *Introduction to Special Education* at Bluestone University. This course provided Jason with three hours of instruction specific to and completely covering federal laws pertaining to special education component of the “coverage of” requirement *Federal and state laws and regulations pertaining to special education*

Dean Gerry Smith could submit the following letter that complies with the sample template above.

**Bluestone University**

**Akron, Indiana**

**Office of the Dean**

**December 21, 2022**

|  |  |  |  |
| --- | --- | --- | --- |
| **Attestation Statement:**  ***Jason Burns MEPID 54321234*** *received* ***3*** *hours of instruction specific to and completely covering each component of* ***Federal and state laws and regulations pertaining to special education*** *requirement**listed below for the Moderate Disabilities 5-12 license through the successful completion of the following coursework.* | | | |
| **Insert prefix(es), number(s) and title(s) of course(s)**:   * **EDUC 900 Introduction to Special Education** | | | |
| **Component(s) of the requirement completely covered within the identified coursework:**   * ***Federal laws pertaining to Special Education*** | | | |
| ***I attest that the statement and information above are true and accurate as attested to by my signature and title:*** | | | |
| Print Name: | Gerry Smith | Signature: | Gerry Smith's Signature |
| Title: | Dean | | |
| *(\*course instructor, licensure officer, appropriate department chair, registrar, or dean, provost, chancellor, vice president, or president)* | | | |

## Requirement Partially Satisfied Through Seminar/Workshop Sample Verification Letter Template

This template is intended for the use of officials authorized by the Office of Educator Licensure (\*authorized signees) to **prepare a letter verifying that an individual has partially satisfied a competency review requirement** through a seminar(s) and/or workshop(s) that provided hours of instruction specific to and completely covering a component or components of a requirement (shy of completely covering all components of the requirement). **The letters must be on official letterhead of the organization that provided the professional learning experience.**

|  |  |  |  |
| --- | --- | --- | --- |
| Attestation Statement:  *[****Insert the student’s name and MEPID****] received [****insert the applicable number of hours****] hours of instruction specific to and completely covering each component of [****Insert the complete competency review requirement]*** *requirement**listed below for the [****Insert field and grade level of the license sought****] through the successful completion of the following professional learning experience(s). These hours of instruction were delivered by a [****Insert the name of the organization that provided the professional learning experience]*** *appointed instructor****(s).*** | | | |
| **Insert title of seminar(s) and/or workshop(s):** | | | |
|  | | | |
|  | | | |
|  | | | |
| **Component(s) of the requirement completely covered within the identified professional learning experience(s):**   * ***[insert component(s) completely covered]*** | | | |
| ***I attest that the statement and information above are true and accurate as attested to by my signature and title:*** | | | |
| Print Name: |  | Signature: |  |
| Title: |  | | |
| *\* An appropriate representative of the organization that provided the professional learning experience (e.g., instructor, director, principal, executive director, superintendent, etc.)* | | | |
| **Must be on Official Letterhead of the Organization that Provided the Professional Learning Experience.** | | | |

**Please note:** The Department may contact the signee if any clarification is needed. Documents may be uploaded into your ELAR account or mailed to the Office of Educator Licensure. Information regarding submitting documents can be found at <http://www.doe.mass.edu/licensure/elar/>.

**Example of an applicable scenario for an applicant trying to complete competency review requirements for the Library All Levels license via a completed instructor led seminar**

**Scenario 2:**

Rhonda Quinoas completed a seminar instructed by Wolfgang Cornelius of the Institute for Accelerated Learning. This seminar provided Rhonda with one hour of instruction specific to and completely covering the Children’s literature component of the “Coverage of” requirement *Literature for children and young adults.*

Instructor Cornelius could submit the following letter that complies with the sample template above.

**Institute for Accelerated Learning**

***200 Broadway***

***Kensington, LA***

|  |  |  |  |
| --- | --- | --- | --- |
| **Attestation Statement:**  **Rhonda Quinoas *MEPID 56789011]*** *received one hour of instruction specific to and completely covering each component of* ***Literature for children and young adults*** *requirement listed below for the* ***Library All levels license*** *through the successful completion of the following professional learning experience(s). These hours of instruction were delivered by an* **Institute for Accelerated Learning** *appointed instructors.* | | | |
| **Insert title of seminar(s) and/or workshop(s):**   * \_\_Children’s Literature for the Beginning Educator\_\_\_\_ | | | |
| **Component(s) of the requirement completely covered within the identified professional learning experience(s):**   * **Literature for Children** | | | |
| ***I attest that the statement and information above are true and accurate as attested to by my signature and title:*** | | | |
| Print Name: | Wolfgang Cornelius | Signature: | Wolfgang Cornelius's signatureWolfgang Cornelius's signature |
| Title: | Instructor | | |
| *\* An appropriate representative of the organization that provided the professional learning experience (e.g., instructor, director, principal, executive director, superintendent, etc.)* | | | |

## Requirement Partially Satisfied Through Mentored Employment and/or Peer Coaching Sample Verification Letter Template

This template is intended for the use of a superintendent or the equivalent of a superintendent in a private school to **prepare a letter verifying that an individual has partially satisfied a competency review requirement** through mentored employment and/or peer coaching. The letter must be on **Official Letterhead of School District (Public School) or School (Private School).**

**Official Letterhead of School District (Public School) or School (Private School)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Attestation Statement:**  ***[Insert the student’s name and MEPID]*** *received* ***[insert applicable number of hours]*** *hours of instruction through mentored employment and/or peer coaching specific to and completely covering each component of* ***[Insert the complete competency review requirement]*** *requirement listed below for the* ***[Insert field and grade level of the license sought****]. The mentor noted below delivered this mentored employment and/or peer coaching.* | | | | | | | | |
| **Insert Mentor’s Name and MEPID/License #:** | | |  | | | | | |
| **Insert Start Date of Mentored Employment/Peer Coaching:** | | | | | M/D/Y | | **Insert End Date** | M/D/Y |
| **Insert Name of School/District:** | |  | | | | | | |
| **Component(s) of the requirement completely covered within the mentored employment and/or peer coaching:**   * *[I****nsert component(s) completely covered****]* | | | | | | | | |
| ***I attest that the statement and information above are true and accurate as attested to by my signature and title:*** | | | | | | | | |
| Printed Name: |  | | | Signature: | |  | | |
| Title: |  | | | | | | | |
| *(Superintendent or equivalent [private school])* | | | | | | | | |

**Please note:** The Department may contact signees if any clarification is needed. Documents may be uploaded into your ELAR account or mailed to the Office of Educator Licensure. Information regarding submitting documents can be found at <http://www.doe.mass.edu/licensure/elar/>

**Example of an applicable scenario for an applicant trying to complete competency review requirements for the World Language Armenian 5-12 license via mentored employment/peer coaching**

**Scenario 3:**

Chi Locust completed 6 hours of mentored employment specific to and completely covering the Knowledge of culturally significant literary texts and authors associated with the country of origin of the target language component of the “Coverage of” requirement *Knowledge of culturally and historically significant literary and non-literary texts and authors associated with the country of origin of the target language; literary traditions, periods, and genres at* Sampson High School. Chi was mentored by Avery O’Donnell who holds the World Language Armenian 5-12 Professional license. Superintendent Catherine Jones could submit the following letter that complies with the sample template above.

**Sampson High School**

**A Blue-Ribbon Award-Winning Massachusetts School**

**Catherine Jones Clyde Hamilton**

Superintendent Assistant Superintendent

February 2, 2021

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Attestation Statement:**  Chi Locust **[*MEPID 56565656]*** *received* ***six*** *hours of instruction through mentored employment and/or peer coaching specific to and completely covering each component of* ***Knowledge of culturally and historically significant literary and non-literary texts and authors associated with the country of origin of the target language; literary traditions, periods, and genres*** *requirement listed below**for the* ***World Language Armenian 5-12 license****. The mentor noted below delivered this mentored employment and/or peer coaching.* | | | | | | | | |
| **Insert Mentor’s Name and MEPID/License #:** | | | Avery O’Donnell MEPID 57575757 | | | | | |
| **Insert Start Date of Mentored Employment/Peer Coaching:** | | | | | 9/10/20 | | **Insert end date:** | 10/30/20 |
| **Insert Name of School/District:** | | **Sampson High School** | | | | | | |
| **Component(s) of the requirement completely covered within the mentored employment and/or peer coaching:**  Knowledge of culturally significant literary texts and authors associated with the country of origin of the target language | | | | | | | | |
| ***I attest that the statement and information above are true and accurate as attested to by my signature and title:*** | | | | | | | | |
|  | | | | | | | | |
| Printed Name: | Catherine Jones | | | Signature: | | Cat Jones's signatureCat Jones's signature | | |
| Title: | Superintendent | | | | | | | |
| *(Superintendent or equivalent [private school])* | | | | | | | | |