| **DES Logo** | | | Bilingual Education Endorsement: Demonstration of Meeting Subject Matter Knowledge and Skills Verification Form | | | | | | | |
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| This form is only for educators that apply for the Bilingual Education Endorsement by June 30, 2020 and complete all of the following by June 30, 2020. Achieve a passing score on a foreign language test acceptable to the Department in the relevant foreign language, gained at least three years of employment as a teacher in a bilingual education setting, and through this employment demonstrate the subject matter knowledge (SMK) of the Bilingual Education Endorsement. | | | | | | | | | | |
| Please provide a brief explanation within the evidence spaces provided. | | | | | | | | | | |
| **Section 1:** **To be completed by the applicant** | | | | | | | | | | |
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| *Applicant’s Name (Please Print)* | *Applicant’s  Signature* | | | | *Applicant’s MEPID, License,* **OR**  *SSN* | | | *Date* | | |
| *By my signature, I attest to the accuracy of the evidence noted on this form.* | | | | | | | | | | |
| **Subject Matter Knowledge Requirement** | | | | **Evidence:**  Explain how SMK was demonstrated/applied through employment as a teacher in a two-way immersion, transitional bilingual education, or other bilingual education setting. SMK gained through coursework or professional development is not applicable, therefore; please do not include coursework or other professional development as evidenced. | | | | | | |
| 1. Knowledge of the foundations of bilingual education including dual language education or two-way immersion and transitional bilingual education, as defined in M.G.L. c. 71A, § 2, and the concepts of bilingualism and biculturalism. | | | |  | | | | | | |
| 1. Bilingual language acquisition factors as they affect access to the Massachusetts content and language standards. | | | |  | | | | | | |
| 1. Social-cultural, social-emotional, political, and other salient factors in bilingual language acquisition. | | | |  | | | | | | |
| 1. Implementation of strategies for coordinating non-English partner language instruction and English language development instruction for English learners. | | | |  | | | | | | |
| 1. Practices and approaches of teaching reading and writing in two languages, including the importance of oral language development as a foundation for literacy. | | | |  | | | | | | |
| 1. Practices and approaches for assessing content knowledge, reading and writing skills and comprehension in English and the non-English partner language for English learners who are at different levels of proficiency in English and the non-English partner language. | | | |  | | | | | | |
| 1. Understanding and implementation of culturally relevant teaching materials and practices. | | | |  | | | | | | |
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| **Section 2: To be completed by the Superintendent (if employment occurred in a public school district) or Executive Director (if employment occurred in a non-public school) and the Administrator of Bilingual Education.** | | | | | | | | | | |
| Please note: Superintendents and Executive Directors can only attest to employment that occurred in their school(s). | | | | | | | | | | |
| By my signature, I verify to the Massachusetts Department of Elementary and Secondary Education that the educator noted below has completed\_\_\_\_\_\_\_\_\_ year(s) of employment**\*** in a bilingual education setting and through this employment demonstrated the subject matter knowledge of the Bilingual Education Endorsement. | | | | | | | | | | |
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| Applicant’s Name | | *Applicant’s MEPID, License,* **OR**  *SSN* | | | |
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| *Superintendent’s/Executive Director’s Name (Please Print)* | | *Superintendent’s/Executive Director’s Signature* | | | | *Email or Phone Number* | | | | *Date* |
|  | |  | | | |  | | | |  |
| *Administrator of Bilingual Education’s Name (Please Print)* | | | *Administrator of Bilingual Education’s Signature* | | | *Email or Phone Number* | | | | *Date* |
|  | | | | |  | |  | |  | |
| *Public School District/Non-Public School’s Name* | | | | | *City/Town* | | *State* | | *Zip Code* | |
| *The Department may contact you if additional clarification is needed.* | | | | | | | | | | |
| **\***The experience noted above must have been completed by June 30, 2020 as per 603 CMR 7.14 (3)(c). | | | | | | | | | | |

***Please note:*** *This document can be uploaded directly into your ELAR account. For directions on how to upload, please visit* [*http://www.doe.mass.edu/licensure/*](http://www.doe.mass.edu/licensure/) *and select the How to Use the ELAR Portal link in the left navigational bar.*