LEA/IHE Preparation Program Partnership Planning Form:
IHE program offerings and resources

State name_________________________________ State Lead contact ______________________
IHE name ______________________________________________________________________ IHE lead contact____________________

Areas of personnel preparation program offerings – check all that apply:

_______ Special education HQ teachers

______ Elementary

______ Secondary

______ Early Childhood

______ ED

______ MR

______ LD

______ mild/moderate or ‘generic’

______ Severe/profound

______ VI/Blind

______ HI/Deaf

______ Deaf/blind

______ Physically/orthopedically impaired

_______ Speech/language therapists

_______ OTs

_______ PTs

Total number of qualifying candidates you can take with BA/BS degrees ______
In which program (s)? Indicate elementary or secondary. List all that apply:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Total number of qualifying candidates you can take with AA/AS degrees ______
LEA/IHE Preparation Program Partnership Planning Planning Form:  
IHE program offerings and resources  

State name_____________________________ State Lead contact __________________  
IHE name _____________________________ IHE lead contact____________________  

In which program(s)? Indicate elementary or secondary. List all that apply:  

<table>
<thead>
<tr>
<th>Program(s)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total number of qualifying candidates you can take with HS-only diplomas ______**  
In which program(s)? Indicate elementary or secondary. List all that apply:  

<table>
<thead>
<tr>
<th>Program(s)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**List current practices/resources your IHE/CC is using** to identify and support paras and/or other qualified candidates into special education careers and through your special ed personnel prep programs:  

1.  
2.  
3.  
4.  
5.  

**Identify your institution’s entry requirements** for special education-related candidates:  

Undergraduate program:  

<table>
<thead>
<tr>
<th>Requirement</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Graduate/post bacheloreate program:  

<table>
<thead>
<tr>
<th>Requirement</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
LEA/IHE Preparation Program Partnership Planning Form:
IHE program offerings and resources

State name_____________________________ State Lead contact __________________
IHE name _____________________________ IHE lead contact____________________

Potential IHE/CC resources/funding (national, state, institutional) that may be used to
provide candidate assistance or develop and implement a preparation program
partnership:

1. 
2. 
3. 
4. 
5. 

Areas of concern in your IHE/CC related to developing and implementing prep program
partnerships:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

List names of LEAs – charter schools- that already have partnerships with your IHE/CC:

1. 
2. 
3. 
4.