

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 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:

---

---

---

---

---

**Total number of qualifying candidates you can take with HS-only diplomas** \_\_\_\_\_

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

---

---

---

---

---

**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:

---

---

---

---

Graduate/post bachelorate program:

---

---

---

---

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.