



Attachment C: Sheltered Instruction Qualification Cover Sheet

Employee Information

Name: _____ Emp ID: _____

School/Office: _____

I am seeking the Sheltered Instruction Qualification through the following Option. *Select Only One (1):*

Option 1: Completion of Six (6) college credits in TESOL-related foundational EL knowledge from an accredited college or university or program. *Attach official transcript.*

Option 2: Completion of two (2) three (3) credit HIDOE-sponsored ESL or TESOL PDE3 courses.

PDE3 Course Name: _____ Section # & date completed: _____

PDE3 Course Name: _____ Section # & date completed: _____

Option 3: Completion of seventy-two (72) seat hours of TESOL-related HIDOE non-credit PD workshops or courses.

| Course or Conference | Course number & Section | Date of Completion | # of Seat Hours |
|----------------------|-------------------------|--------------------|-----------------|
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If additional space is required, please attach a separate sheet

Option 4: Out-of-state TESOL endorsement earned from another state. *Attach Endorsement.*

Option 5: TESOL HQ or TESOL licensure status in lieu of 6 credits. *You do not need to submit additional information if you have a TESOL HQ or License. If you need to submit documentation to meet this requirement, please refer to the HQ Documentation Coversheet, document 2a in the ESSA Hawaii Qualified Teacher Handbook.*

Option 6: Microcredentials in TESOL. *Attach your eight (8) stacks of the National Education Association ELL Micro-credential.*

Option 7: Combination of Options 1 and 2 above: Completion of Three (3) college credits in TESOL-related foundational EL knowledge from an accredited college or university or program, *attach official transcript and* Completion of One (1) three (3) credit HIDOE-sponsored ESL or TESOL PDE3 courses, provide course information:

PDE3 Course Name: _____ Section # & date completed: _____

I certify that the above information is accurately reported to the best of my knowledge. Any misrepresentation or falsification of information on this form may result in sanctions including termination from employment or disciplinary action.

Teacher Signature: _____ **Date:** _____

Submission Instructions: Please submit this cover sheet along with supporting documentation to the Educator Quality Section:

Mail: P.O. Box 2360, Honolulu, HI 96804 *or* via **HIDOE Courier:** OTM, Educator Quality Section *or* **email:** hqt@k12.hi.us