

Name:_		Emp ID:	School/Office:
Select O	Only One (1):		
	I am submitting this Cover Sheet for the <u>first time</u> .		
	I have previously submitted a Cover Sheet and am s <i>attach documents/information previously submitted</i>		ditional documents/information. Do not
I am see	eking the Sheltered Instruction Qualification throu	ugh the following O	ption Select Only One (1):
	Option 1: Completion of Six (6) college credits in university or program. <i>Attach official transcript (co</i>		dational EL knowledge from an accredited college or

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

PDE3 Course Name:	Section # & date completed:

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

Option 3: Completion of seventy-two (72) seat hours of TESOL-related HIDOE non-credit PD workshops or courses. If workshop(s) or course(s) were taken for Audit credit(s), complete the Verification of Audit Credit for Sheltered Instruction Professional Development Seat Hours.

Course or Conference	Course Number & Section	Date of Completion	# of Seat Hours

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 HO 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: _____

By typing my name below, 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