



INTEGRATED LEARNING SPECIALIST PROGRAM

CERTIFICATE APPLICATION

Keep a copy for your records

PARTICIPANT INFORMATION: (PRINT)

First/Last Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

CERTIFICATE INFORMATION:

The Integrated Learning Specialist Program offers a series of specific Core Courses and Elective Courses with the option to earn a certificate upon completion of the required coursework within a 3-year period of starting the program. **All courses must be completed with a passing grade: student work is graded as pass or fail.

STEP 1: CERTIFICATE C COMPLETION CHECKLIST

Submit this certificate application by email to Joelle Fraser at jfraser@acoe.org to verify your intent to complete the program.

STEP 2: ELECTIVES LOG

Be sure to complete the Electives Log upon completion of 30 hours of elective coursework.

STEP 3: PROGRAM COMPLETION

Upon submission of your certificate packet we will contact you with regarding the certificate graduation in the spring.

If you have any questions about the program, contact Joelle Fraser at jfraser@acoe.org.



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CERTIFICATION COMPLETION CHECKLIST

Please print

CORE COURSES:

Course A: Strategies and Resources for Arts Integration (30 hours: 3 units)

Date Completed: _____ Name of Instructor: _____

Course B: Ongoing Assessment Strategies and Applications (30 hours: 3 units)

Date Completed: _____ Name of Instructor: _____

Course C: Collaborative Curriculum Design (30 hours: 3 units)

Date Completed: _____ Name of Instructor: _____

ELECTIVE COURSES:

Title of the Course: _____

Date(s) of the Course: _____ Total Number of Hours: _____

Name of Instructor: _____ Name of Organization: _____

Title of the Course: _____

Date(s) of the Course: _____ Total Number of Hours: _____

Name of Instructor: _____ Name of Organization: _____

Title of the Course: _____

Date(s) of the Course: _____ Total Number of Hours: _____

Name of Instructor: _____ Name of Organization: _____

Title of the Course: _____

Date(s) of the Course: _____ Total Number of Hours: _____

Name of Instructor: _____ Name of Organization: _____

Participant Name: (print) _____

Signature: _____ **Date:** _____

Email completed form to Joelle Fraser at jfraser@acoeg.org.