ECSEL Program: Certification of Internship Support

Dear District Superintendent,

________________________ is applying for the Expanding Capacity for Special Education Leadership (ECSEL) program at the University of Washington, Bothell. ECSEL is specially-designed for individuals aspiring to positions as local special education administrators. The program leads to both a Master’s degree in Educational Leadership and Washington State Residency Certification as a program administrator. Administrative internships are crucial components of the program.

In the first year of the ECSEL program, candidates concentrate on developing knowledge and skills specific to special education leadership at the school level. The associated internship builds on the leadership competencies that many special educators already apply in their daily work. This school-level focus allows the program to emphasize leadership that supports teacher learning, instructional capacity, and professional community, which research identifies as critical to a leader’s impact on student achievement. The three seminars, internship, and performance tasks, together, will extend candidates’ skills in areas that include leading instructional improvements, multi-level interventions for academic and social learning, and processes for identification, assessment, individual planning, and program implementation for student with exceptional learning needs.

In the second year of the program, the focus shifts to district-level leadership for special education, with the internship fulfilled in a district’s special education program office. This second year emphasizes leadership for development of policies, systems, structures, and human capacity to support effective school-level services. Study of these areas combines long-established knowledge of the work of local special education administrators with emerging new responsibilities that reflect the inclusion of students with exceptional learning needs in standards-based reform and the district-office redesign strategies of many leading school districts.

Each candidate is required to do a 400 hour internship with a school principal in the first year, and a 400 hour internship with the director of special education in the second year. Before the applicant can be considered for the program, the applicant must submit the attached Certification of Internship Support. Thank you for the consideration of this request.

Tom Bellamy, Ph.D.
UW Bothell Professor and ECSEL Program Director
ECSEL Program: Certification of Internship Support
Superintendent’s Attestation

For completion by Applicant’s School Superintendent

Please complete the following candidate information, select internship support experiences, and provide a signature. The applicant is responsible for including this completed form in his/her application packet.

Applicant’s Name: __________________________
Position: __________________________________
School(s): _________________________________
District: ____________________________________

I am supportive of the above-named person’s application for the ECSEL program. Our district will provide the following support for his/her internship experiences:

1. _____ Internship with a school principal (who has three or more years of public school administrative experience) during 2018-2019 (Program Year 1) for 400 hours. **Required**

2. _____ Internship with the special education administrator (who has three or more years of public school administrative experience) during 2019-2020 (Program Year 2) for 400 hours. **Required**

   *Or, if there is no special education administrator in the district, or the current administrator does not have three or more years of public school administrative experience*

   _____ Internship with the superintendent or the senior administrator who supervises special education operations (who has three or more years of public school administrative experience) during 2019-2020 (Program Year 2) for 400 hours.

3. _____ Additional support (please explain)

   ____________________________________________
   Superintendent’s signature

   ________________________________
   Date

   ____________________________________________
   Superintendent’s Name

   ________________________________
   School District