

CSULB Education Specialist Clear Credential Transition Plan

Background Information

Candidate's Name		Date Preliminary Completed	
Address:	Preferred Phone:	Secondary Phone:	Email:
University Attended for Preliminary	Coursework Completed/Specialization Area/Authorizations		
	Transcripts attached? (Credential Program) ____ Yes ____ No		
<u>Semester 1 Student Teaching</u> Placement Site: Grades/Ages: Subject Areas: Service Delivery Model:			
<u>Semester 2 Student Teaching</u> Placement Site: Grades/Ages: Subject Areas: Service Delivery Model:			
<i>Consider possible criteria when identifying your strengths and challenges (e.g., data-based decision making, classroom management, knowledge of legal issues, collaboration, co-teaching, case management, advocacy, positive behavior support, knowledge of curriculum, professional dispositions, technology)</i>			
Strengths based on Preliminary Program Competencies: • • Challenges based on Preliminary Program Competencies: • • •			
Professional Goals			
Goals prior to completing the Clear Education Specialist Credential: 2 year: 5 year:			
Area(s) of Focus for Education Specialist Clear Credential: 1) 2) 3)			

Candidate Signature _____

Date _____

CSULB Advisor or Coordinator Signature _____

Date _____