



Linda McCulloch, Superintendent
 Montana Office of Public Instruction
 PO Box 202501
 Helena, Montana 59620-2501
 www.opi.state.mt.us
 ATTN: Educator Licensure

INSTITUTIONAL EVALUATION AND RECOMMENDATION FOR CLASS 6 (SPECIALIST) LICENSE: SCHOOL PSYCHOLOGY

Complete this form only if applying for a Class 6 License. If not, please discard. The recommending institution must have an NCATE accredited or state board approved professional educator preparation program.

Last Name	First Name	Middle Initial	Former Name(s)	
Mailing Address: (Street, RFD, PO Box)		City	State	ZIP

To THE APPLICANT: The complete application must be sent to the Dean of Education of the college granting your professional degree or the college where you plan to complete professional requirements. The application must be accompanied by a complete set of official transcripts for the Dean's review. **THESE TRANSCRIPTS MUST BE ATTACHED TO THIS FORM** to become part of the completed application.

To THE INSTITUTION: (To be completed by the Dean of Education or other appropriate official.) Make your evaluation with reference to your own approved program in school psychology and Montana's minimum standards as listed below:

SCHOOL PSYCHOLOGIST ENDORSEMENT

1. Basic Education: Master's degree in school psychology or equivalent related area	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
	Completed	Semester	Quarter	Check if	
	Course #	Credits	Credits	Deficient	
2. 10 semester (15 quarter) credits in general education/psychology (graduate or undergraduate) training to include: a. new careers or transitions b. human growth and development c. general psychology d. educational psychology, and e. abnormal psychology	_____	_____	_____	_____	_____
3. Education program: (undergraduate or graduate credit) a. exceptional children (must include special education) b. curriculum development c. diagnosis and remediation of reading d. educational evaluation, and	_____	_____	_____	_____	_____
4. Psychological methods and techniques: (graduate credit) a. individual intelligence testing b. child (psychopathology) c. personality assessment d. interviewing and counseling e. behavior modification f. school psychology practicum/internship (a minimum of 4 semester hours or appropriate waiver) g. administration, role and function of school psychology	_____	_____	_____	_____	_____

I hereby certify that (applicant's name) _____

has satisfactorily completed the approved program requirements of this institution, has met Montana's minimum course requirements and is academically eligible for a Class 6 (specialist) license.

has satisfactorily completed the approved program requirements of this institution but HAS NOT met Montana's minimum course requirements.

is NOT recommended for licensure. Please attach statement.

Signature _____

Institution _____

Title _____

Date _____

Phone _____