



Utah State Board of Education

Alternate Pathway to Professional Educator License (APPEL) Professional License Plan (PLP) Checklist for Deaf Education License

Name: _____ CACTUS ID: _____

Date Admitted Into Program: _____

Date PLP Created/Established: _____

Initial Evaluation:

Original Transcript Received ☐

Transcript reviewer (name): _____ Date: _____

Date of Initial Consultation with Candidate: _____

Bachelor's degree major: _____ Date conferred: _____

Progress Evaluations:

Date(s) of additional consultation(s) with Candidate: _____

Notes from Progress Meetings:

Assigned Mentor-Educator: _____

Associate Educator License (AEL):

AEL Expiration Date: _____

AEL License Area: _____

Endorsement(s): _____



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Administrative UETS (Utah Effective Teaching Standards) Evaluations:

The candidate is to be evaluated two (2) times each year. Evaluations need to be accessible to Utah State Board of Education (USBE) staff when the APPEL program is reviewed.

Year 1:

Date Evaluated: _____ Administrator's Name: _____
Date Evaluated: _____ Administrator's Name: _____

Year 2:

Date Evaluated: _____ Administrator's Name: _____
Date Evaluated: _____ Administrator's Name: _____

Year 3:

Date Evaluated: _____ Administrator's Name: _____
Date Evaluated: _____ Administrator's Name: _____

Educator Competencies:

General Teacher Competencies

Learners and Learning

☐

Instructional Clarity

☐

Instructional Practice

☐

Classroom Climate

☐

Professional Responsibility

☐

Course Title/Description

Deaf Ed Knowledge & Pedagogy

Course Title/Description



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Learner Development & Individual Learning Differences ☐

Learning Environments ☐

Curricular Content Knowledge ☐

Assessment ☐

Instructional Planning & Strategies ☐

Professional Learning & Ethical Practice ☐

Collaboration ☐

Legal Issues ☐

Behavior Management ☐

Endorsement Area (choose ASL/English or LSL):

| | Course Title/Description | Completed: |
|---|--------------------------|--------------------------|
| Met ASL/English Competencies <input type="checkbox"/> | <hr/> | <input type="checkbox"/> |

| | Course Title/Description |
|---|--------------------------|
| Met LSL Competencies <input type="checkbox"/> | <hr/> |

Additional Content Knowledge & Pedagogy Completed: ☐

For Deaf Education teachers wishing to add another endorsement, all necessary endorsement forms must be included in their file. To access all endorsement forms, please visit the [USBE Licensing & Endorsement website](#). Fill out the respective endorsement form(s) and attach a copy of the form(s) to this PLP.

Demonstration Competencies Completed: ☐

- *Demonstrate understanding of socio-cultural and psychological implications of hearing*



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loss during interactions with students.

Description of how competency was met:

- *Demonstrates integration of language instruction in all academic areas.*

Description of how competency was met:

- *Demonstrates skills in implementing strategies for stimulating and using residual hearing*

Description of how competency was met:

- *Demonstrates skills in implementing strategies for developing spoken language in orally communicating students and/or with sign language proficiency in students who sign.*

Description of how competency was met:

- *Demonstrates use of specialized technologies, resources, and instructional strategies unique to students who are deaf and hard of hearing.*



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Description of how competency was met:

- *Demonstrates skills in addressing specific linguistic and cultural needs of deaf and hard-of-hearing students throughout the curriculum.*

Description of how competency was met:

- *Demonstrates skills for incorporating language into all aspects of the curriculum.*

Description of how competency was met:

- *Demonstrates knowledge of Individualized Education Programs (IEPs) by writing and implementing goals aligned to students' academic, communication, socialization, and emotional resilience needs.*

Description of how competency was met:

- *Demonstrate the ability to plan, teach, and use effective universal (Tier 1) behavior support strategies in multiple school settings (e.g., classroom, hallways, playground lunchroom, etc.) to increase the frequency of positive behavior in deaf and*



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hard-of-hearing students

Description of how competency was met:

- *Demonstrate ability to plan, teach, and effectively use Tier 2 & 3 strategies based on data when more intense strategies are required and implement interventions with fidelity.*

Description of how competency was met:

- *Participating in at least one IEP meeting or parental consultation regarding a student whom the program applicant has instructed.*

Description of how competency was met:

- *Demonstrate the ability to distinguish among behavioral, language, and academic difficulties (refusal or inability).*

Description of how competency was met:



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- *(for ASL/English endorsement)* Demonstrates competency in integrating American Sign Language into instruction of core academic content for all school-age students.

Description of how competency was met:

- *(for ASL/English endorsement)* Demonstrates competency in integrating respect and understanding of deaf culture into instructions

Description of how competency was met:

- *(for LSL endorsement)* Demonstrates understanding and expertise regarding early childhood spoken language development.

Description of how competency was met:

Clinical Observations

Completed: ☐

I verify the candidate was provided release time to observe master educators' classrooms and had opportunities to reflect on these observations with their mentor-teacher and/or evaluator. I have attached supporting documentation of the candidate's reflection of clinical observations.

Signature: _____

Date: _____



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Educator Dispositions

Completed: ☐

A teacher preparation program shall consider a candidate's dispositions and suitability for teaching, as defined in the UETS ([Utah Effective Teaching Standards](#)) (see pages 33–36 of the *linked document*). Candidate's dispositions for teaching may be evaluated in tandem with formal evaluations or may be evaluated separately. Please attach any supporting documentation of how the candidate's dispositions were evaluated.

I verify the educator has successfully demonstrated the dispositions for teaching as defined in the Utah Effective Teaching Standards (UETS).

Evaluator Signature: _____ Date: _____

Assessments:

Deaf Education Praxis

Completed: ☐

DEP Date: _____ DEP Final Score: _____

ASL Proficiency Interview (ASLPI) (for ASL/English & Birth to 5 D/HH)

Completed: ☐

ASLPI Date: _____ ASLPI Final Score: _____

Recommendation for Licensure:

Professional Licensure Requirements Check:

- Review and check off all competencies, etc., to ensure the candidate has met all requirements for recommendation.

Recommendation Signatures & Dates

Administrator: _____ Date: _____



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Mentor-Educator: _____ Date: _____

Candidate: _____ Date: _____

Educational Director: _____ Date: _____

Recommended for Professional Educator License (PEL) _____ Date: _____

***Please submit all requests to: appel@schools.utah.gov**

For questions, please contact USBE Licensing via email: appel@schools.utah.gov, or phone: (801) 538-7740.