

# MIAMI-DADE COUNTY PUBLIC SCHOOLS



## OFFICE OF HUMAN RESOURCES

### AGREEMENT

### REQUIREMENTS FOR THE

### ESOL ENDORSEMENT

I understand that having received a "first time" assignment of a limited English proficient (LEP) student, I will need to complete one of the 5 ESOL Endorsement courses within the first 2 years of this assignment and a minimum of one course each year thereafter until completion of the 5 courses. I also understand that I am required to add the ESOL Endorsement to my certificate when all courses have been completed.

- I must complete the courses listed below:
  - Methods of Teaching English for Speakers of Other Languages (ESOL)
  - ESOL Curriculum and Materials Development
  - Cross-Cultural Communication and Understanding
  - Testing and Evaluation of ESOL
  - Applied Linguistics

I understand that failure to complete the required courses within timeline, will preclude me from summer employment.

\_\_\_\_\_ (School Name) \_\_\_\_\_ (School Number)

\_\_\_\_\_ (Employee Name) \_\_\_\_\_ (Employee Number) \_\_\_\_\_ (Social Security Number)

\_\_\_\_\_ (Date) \_\_\_\_\_ (Employee Signature)

\_\_\_\_\_ (Date) \_\_\_\_\_ (Principal Signature)

\_\_\_\_\_ (Date) \_\_\_\_\_ (Region Center Director Approval)

\_\_\_\_\_ (Date) \_\_\_\_\_ (Certification Officer Approval)

\_\_\_\_\_ (Date) \_\_\_\_\_ (Instructional Certification Director Approval)

\_\_\_\_\_ (Date) \_\_\_\_\_ (Employment & Staffing Officer)

#### PLEASE RETURN THIS SIGNED FORM TO:

**Ms. Arlene M. Diaz, Director  
Instructional Certification  
SBAB Annex, Suite 129  
W. L. 9305  
Fax: (305) 995-7400**

Acceptance of this agreement is dependent upon approval from the Region Center.

cc: Employment and Staffing  
Instructional Staffing/Certification