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| H:\Resource Info\TSPC logo-Blue.jpg | Teacher Standards and Practices Commission |  |  |  |
| 250 Division Street NE, Salem, OR, 97301-1012Phone: 503-378-3586 | Fax: 503-378-3758[www.oregon.gov/tspc](https://www.oregon.gov/tspc/) | Submit to: complaints.tspc@oregon.gov  |  |  |  |  |

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| **TSPC Major Modification Request Form** ([OAR 584-400-0080](https://secure.sos.state.or.us/oard/viewSingleRule.action;JSESSIONID_OARD=04Rl8crhYAt2LV1lYxsiLduPTcTBL2yc_10tQ1lBdo7Sh14cbG3A!-1740555568?ruleVrsnRsn=244675)) |
| **CONTACT INFORMATION** |
| **Institution:**       | **Program name:**       |
| ***PROVIDE FOR BOTH THE CURRENT LEVEL AND REQUESTED LEVEL, EVEN IF THEY ARE THE SAME.*** **Current level:**  [ ]  Undergraduate *(always initial/pre-service)* [ ]  Graduate [ ]  Post-Graduate *(always advanced/in-service)*  ***AND***  [ ]  Initial/Pre-service [ ]  Advanced/In-service**Requested level:**  [ ]  Undergraduate *(always initial/pre-service)* [ ]  Graduate [ ]  Post-Graduate *(always advanced/in-service)*  ***AND***  [ ]  Initial/Pre-service [ ]  Advanced/In-service |
| **Requested Start Date:**       | **Commission meeting requested:**       |
| **Reason for the Request – Change in:**This modification request is due to substantial modifications in the following area(s):*Substantive changes to the Unit:*[ ]  Core mission and goals;[ ]  Legal status, form of control, or ownership;[ ]  Administration, if the change is a result of the unit head’s termination by the institution;[ ]  Offerings of academic programs for credit through contractual relationship with external organizations;[ ]  Structure or content that results in the EPP no longer meeting Oregon statutes or administrative rules.*Substantive changes to the programs:*[ ]  Degree level of the program;[ ]  Core curriculum *(The sequence of courses and/or key transition points in the program that are utilized to meet state standards.)*;[ ]  Core clinical practices *(The sequence, structure, and/or length of the experiences in the clinical practice that are utilized to meet state standards.)*;[ ]  Additions of single-subject endorsement areas within a state-recognized Preliminary Teaching  License program.[ ]  Other *(Please describe)*:       |
| **ADDITIONAL INFORMATION** |
| Along with this form, the EPP is required to submit a narrative report to TSPC that includes all items listed below that are applicable to this modification request. **Select all items** applicable to this request:[ ]  A description of the proposed modifications.[ ]  Proof that the modification will not affect the program’s approval status or reduce the quality of the program in any way.[ ]  Proof of official institutional approval of the modified program.[ ]  Goals or objectives, learning activities, and competency of the modified program.[ ]  Procedures used to develop the modified program.[ ]  Procedures to be used to evaluate the modified program, once implemented.[ ]  Recommendations from the consortium or other partners.[ ]  A description of the clinical practices for the modified program. |
| **Name:**       | **Email Address:**      |
| **Signature:**       **Date:**       |

Submit via email to: Candace.Robbecke@Oregon.gov

*Use of electronic signature is acceptable.*

Contact