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

*Use of electronic signature is acceptable.*

Contact