



## Matrix B (Modified) for LOTE EC-12 for Accredited Programs Currently Approved to Offer Certification in a Foreign Language

TAC §229.9, effective April 18, 2010, now requires educator preparation programs to pay fees for SBEC services. The fee for adding a new certification field is \$500.00. Payment will be verified before review of the matrix can begin. Four weeks prior to submitting the matrix, complete the attached form and send a check or money order made payable to TEA-Educator Standards to: **TEA – Accounting Dept. 1701 N. Congress Ave., Austin, TX 78701**. All fees are non-refundable

**Part I:** Complete ONE Matrix B for *Languages Other Than English EC-12*, no matter how many languages are requested, using the template below. **List the language(s)** requested. **Provide the course/module names(s)** and description. Provide a description of major projects and activities. **Provide appropriate assessments:** Describe how each candidate will be assessed for mastery. Provide detailed information on the assessments identified—the specific content the assessments will cover and to what level candidate progress will be evaluated by **both** traditional and authentic assessments (i.e., the grading scale, how the assessment will be graded,). Include assessments which measure both skill and knowledge. **Examples of assessments:** 1) Twenty-item multiple choice quiz over Spanish idioms graded at 80% mastery; or 2) Lesson plan using cooperative learning for 7<sup>th</sup> grade Spanish students. Candidate is graded on a six-point rubric with mastery at 80% of the rubric criteria; or 3) Oral reading of a Spanish poem graded on fluency, inflection, pronunciation, graded on a rubric with 95% mastery. Others examples include case studies, action research, portfolio projects, research reports, presentations, etc.

**Part II:** Complete the following alignment charts:

- A. LOTE alignment chart to educator standards, domains, and competencies.
- B. TEKS alignment chart.
- C. Pedagogy and Professional Responsibilities (if you have not already completed one with another request)
- D. 17 Curriculum Topics (if you have not already completed one with another request)

**Part III:** A. Describe field-based experiences prior to student teaching/clinical teaching/internship. B. Describe field supervision and mentoring in the student teaching/clinical teaching/ intern program. Include length of practicum, number of observations, length of observation, type of evaluation and documentation, methods of feedback, and who will receive feedback results. C. Address the expectations of the cooperating teacher/mentor. D. Describe the support provided to students struggling in the program.

**Part IV:** Complete the instructor chart below. Submit information for one instructor for each language. If you choose to submit vitas or resumes, they should be limited to two pages and contain the instructor’s educational background, prior teaching experience, and current teaching certifications, if any. If you are providing instruction in Pedagogy and Professional Responsibilities only, please provide vitas for PPR instructors that demonstrate their qualifications.

NOTE: If you are a publically funded institution of higher education, THECB issued a blanket letter of approval on August 10, 2009.

Submit the completed matrix by email to [janice.lopez@tea.state.tx.us](mailto:janice.lopez@tea.state.tx.us).

Dr. Janice Lopez, Director. Division of Educator Standards, 5-100E, Texas Education Agency, 1701 North Congress Ave., Austin, TX 78701.

Make check or money order payable to TEA Educator Standards and mail to TEA-Accounting Dept. at the address listed above.

**Matrix B (Modified) For LOTE EC-12 for Currently Accredited Programs**  
**For currently accredited programs APPROVED to offer certification in languages other than English**

**Educator Preparation Program Name:**

**Language(s) Requesting:**

**Fee Paid:**

**County-District Number:**

**Check All Program(s) [for which you are applying]:** Traditional Undergraduate     Alternative Certification     Post Baccalaureate

**Primary Contact Person:**

**Email:**

**Phone:**

**Total Hours:**

**Submission Date: December**

















**Part III:**

**A. Describe field-based experiences prior to student teaching/clinical teaching/internship.**

**B. Describe field supervision and mentoring in the student teaching/clinical teaching/ intern program. Include length of practicum, number of observations, length of observation, type of evaluation and documentation, methods of feedback, and who will receive feedback results.**

**C. Address the expectations of the cooperating teacher/mentor.**

**D. Describe the support provided to students struggling in the program.**



**Part IV. Complete the table provided. Include information for each faculty member responsible for professional coursework, clinical supervision, or administration for this program.** If more convenient, you may attach vitas/resumes. However, each vita/resume must NOT be more than TWO pages long.

<b>Faculty Member Name</b>	<b>Highest Degree, Field, &amp; University</b>	<b>Assignment: What course/module will the instructor teach?</b>	<b>Certified Texas Teacher (Yes/ No)</b>	<b>Certification Areas</b>	<b>Teaching or other professional experience in P-12 schools</b>



**TEXAS EDUCATION AGENCY**  
**Division of Educator Standards**

**Educator Preparation Program (EPP) Fee Form**

Texas Administrative Code 19 TAC Chapter §229.9 ***Fees for Educator Preparation Program Approval and Accountability*** requires payment for certain services provided by Texas Education Agency (TEA). Please check service fee type and list the total amount submitted.

Name of the Person Submitting the form:

Full Program Name:

Count/District Number:

Contact Person:

Mailing Address:

Street/P. O. Box

City:                      State: TX              Zip Code:

Area Code/Phone:

Email Address:



Please check the type of service fee enclosed:

√	Cost	Service Fee Type
	\$1000.00	Non-refundable new program application fee due prior to submission of the new program proposal (includes pre-approval visit)
	\$1000.00	Non-refundable new program approval fee (includes post-approval visit)
	\$2000.00	Non-refundable 10 year reapplication fee for programs approved after August 31, 2008 (includes approval site visit)
	\$1500.00	Non-refundable 5 year continuing approval visit pursuant to §228.10(c)
	\$1500.00	Non-refundable monitoring or technical assistance visit
	\$500.00	Non-refundable addition of a new certification field or addition of clinical teaching
	\$1000.00	Non-refundable addition of a new class of certificate

**Total Amount Submitted** \$\_\_\_\_\_

Please send a money order or check made payable to **TEA Educator Standards** prior to services being rendered.

If the payment sent to TEA is not honored by the financial institution, we will not be able to ensure an EPPs accountability status, reapplication, new EPP approval, the addition of a certification field or class, or clinical teaching.

Failure to return this form with the correct or complete payment may result in a delay.

**Please send your payment(s) to the following address:**

**TEA - Accounting  
1701 N. Congress Ave.  
Austin, TX 78701-1494**