

TEMPORARY APPROVAL FOR A TEACHER OF STUDENTS WITH DISABILITIES

Note: Documentation that supports the following statements must be maintained in this candidate's file for audit purposes. The employing school district and intermediate school district retains all responsibilities related to the accuracy of this request.

Candidate's Last Name _____ First Name _____ MI _____

Birth Year: _____

ISD Name: _____ LEA Name: _____

Program Category: None School Year: _____

University/College: _____

Grades Assigned: K-12 Early Childhood Special Education

Effective Date: Month _____ Date _____ Year _____

YES NO

1. This candidate holds a valid Michigan teaching certificate. (attach)
2. The ISD has received a copy of the Michigan University/College PV form indicating that this candidate has been accepted into an appropriate program of study to attain a special education endorsement.
3. The employing Superintendent has signed the Statement of Assurance.
4. Personnel signatures by the employer and ISD.

PERSONNEL SIGNATURES:

"I have been accepted into a training program at (Michigan University/College) _____ and agree to complete a program leading to full endorsement or approval in the special education area of (level) _____ (category) _____ at the rate of 6 semester hours from September 1 to August 31 of each school year."

Candidate's Signature

Date

LEA/Employer Signature

Date

ISD Superintendent/Designee Signature

Date

SUPERINTENDENT'S STATEMENT OF ASSURANCE:

I certify that this district conducted a search for fully-qualified personnel and that no certified teacher, holding full approval or endorsement for this position was available at the time of the assignment.

Superintendent's Signature

Date

Return To _____

Intermediate School District

(ISD Contact) _____

School District

Candidate

Telephone #: _____

Michigan University/College

Email: _____