

FULL APPROVAL FOR TEACHER CONSULTANT REQUEST FORM

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: Teacher Consultant University/College: _____

Effective Date: _____ School Year: _____

Yes No

- 1 This candidate holds a valid Michigan teaching certificate showing a special education endorsement in the category in which this teacher consultant approval is requested. The special education endorsement must be in one of the following areas: autistic impaired, mentally impaired, emotionally impaired, learning disabled, hearing impaired, visually impaired, and physically and otherwise health impaired. (attach copy)
- 2 This candidate has earned a master's degree in education or a field of study related to special education. (attach copy)
- 3 This candidate has completed a minimum of three years of satisfactory teaching experience, not less than two years of which shall be in teaching students with disabilities in a special education classroom. (attach copy)
- 4 Personnel signatures by the employer and ISD.

PERSONNEL SIGNATURES:

LEA/Employer Signature Date

ISD Superintendent/Designee Signature Date

Return to: _____

(ISD Contact) _____

Telephone #: _____

E-mail: _____

cc: Intermediate School District
School District
Candidate
University/College (if applicable)