FULL APPROVAL FOR DIRECTOR OF SPECIAL EDUCATION

Note:	purpos	es. The	on that supports the following statements must be maintained in this candidate's file for audit e employing school district and intermediate school district retains all responsibilities related to the nis request.						
Candidate's Last Name:				First Name:	MI:				
Birth Y	'ear:								
ISD N	ame:			LEA Name:					
Program Category: Director of Special Education				University/College:	College:				
Effective Date:				School Year:	School Year:				
Yes	No								
0	0	1.	This candidate holds full approval or endorsement in at least 1 area of special education. (attach copy)						
0	0	2.	This candidate holds a master's de	's degree or higher.					
0	0	3.	Three years of successful professional practice or administrative experience in special education, or a combination of practice and experience.						
0	0	4.	college of training with a recomme that the candidate has completed hours of graduate credit) including	EC:ADMIN form from the candidate's Michigan university/ ation for full approval as a director of special education showing educational requirements (30 semester hours or equivalent 200-clock-hour practicum. If the REC:ADMIN form was cational requirements have been met, then a new not needed.					
\mathbf{O}	\mathbf{O}	5.	Personnel signatures by the employing superintendent and ISD.						

PERSONNEL SIGNATURES:

Candidate's Sig	Inature	Date		
LEA/Employer S	Signature	Date		
ISD Superinter	ndent/Designee Signature	Date		
Return to:				
– (ISD Contact)			сс:	Intermediate School District School District Candidate
Telephone #:			e e	University/College (if applicable)
E-mail:				