

FULL APPROVAL FOR TRANSITION COORDINATOR

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: _____

School Year: _____ Effective Date: _____

Yes **No**

- | | | |
|-----------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | 1. This candidate holds a bachelor's or graduate degree in special education or a field related to transition of youth with disabilities into adult roles. |
| <input type="radio"/> | <input type="radio"/> | 2. This candidate has completed a minimum of 3 years of satisfactory teaching experience in special or vocational education at the secondary level; or a minimum of 3 years of satisfactory employment providing transition-related service to individuals with disabilities between the ages of 13 to 26 years. |
| <input type="radio"/> | <input type="radio"/> | 3. The employing superintendent or designee has provided evidence that the candidate has met and is able to demonstrate the following competencies as established by the Michigan State Board of Education in all of the following areas: <ul style="list-style-type: none"> • Knowledge of transition foundations to develop transition education, activities, and services for students, families, and service providers; • Effective facilitation, coaching and leadership skills at a group and individual level; • Ability to engage in collaborative transition service delivery and utilize interagency agreements; • Facilitate/teach pertinent transition practices (issues) to support special education and agency staff including: Federal/Michigan law, Curriculum/Best Practice, Delivery of Transition Services and Interagency Collaboration; and • Understand outcome measurement and evaluation of transition services. |
| <input type="radio"/> | <input type="radio"/> | 4. Personnel signatures by the candidate, employing superintendent and ISD. |

SUPERINTENDENT'S STATEMENT OF ASSURANCE: I certify that this candidate has met and is able to demonstrate all the competencies as established by the state board of education (R 340.1799g (1) (c)) as listed under question three of this request form. I have received appropriate documentation as evidence.

Employing Superintendent's Signature _____
Date

PERSONNEL SIGNATURES:

Candidate _____
Date

Employing Superintendent/Designee _____
Date

ISD Superintendent/Designee _____
Date

Return To _____

Intermediate School District

(ISD Contact) _____

School District

Candidate

Telephone #: _____

Michigan University/College

Email: _____