

TEMPORARY APPROVAL FOR DIRECTOR OF SPECIAL EDUCATION

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: Director of Special Education University/College: _____

Effective Date: _____ School Year: _____

Yes No

- | | | |
|-----------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | 1. This candidate holds a valid master's degree or higher. (attach copy) |
| <input type="radio"/> | <input type="radio"/> | 2. This candidate holds full approval in at least 1 area of special education. (attach copy) |
| <input type="radio"/> | <input type="radio"/> | 3. This candidate has completed 3 years of successful professional practice or administrative experience in education or combination thereof. (attach documentation) |
| <input type="radio"/> | <input type="radio"/> | 4. The ISD has received a copy of the REC:ADMIN form from the candidate's Michigan university/college of training with a recommendation for temporary approval as a director of special education. |
| <input type="radio"/> | <input type="radio"/> | 5. This candidate has completed 12 semester or equivalent hours of graduate credit in a State Board of Education approved special education director program from a Michigan university. |
| <input type="radio"/> | <input type="radio"/> | 6. Personnel signatures by the employing Superintendent and ISD. |

PERSONNEL SIGNATURES:

Candidate's Signature

Date

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)