

TEMPORARY APPROVAL FOR SUPERVISOR 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: Supervisor of Special Education

University/College: _____

Effective Date: _____

School Year: _____

Yes No

- | | | |
|-----------------------|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> | 1. This candidate holds an earned 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 experience in special education. (attach documentation) |
| <input type="radio"/> | <input type="radio"/> | 4. The ISD has received a copy of REC:ADMIN form from the candidate's Michigan university/college of training with a recommendation of temporary approval as a supervisor of special education. |
| <input type="radio"/> | <input type="radio"/> | 5. Personnel signatures by the candidate, employer, 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)