

CONTINUING 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 Name: Last Name _____ First Name _____ MI _____
ISD Name: _____ ISD Code #: _____
LEA Name: _____ LEA Code#: _____
Program Category: _____ Program Category Code #: _____
University/College _____ University/College Code #: _____
Effective Date: Month ____ Date ____ Year ____

- YES NO 1. This candidate holds full approval or endorsement in at least 1 area of special education. (attach copy)
YES NO 2. This candidate received temporary approval as a director of special education in the previous school year and will continue to be employed as a director of special education during the current school year.
YES NO 3. Indicate "yes" if the ISD has received a copy of the university/college form PV showing all coursework requirements for continuing approval have been met, or holds a form REC:ADMIN from a previous school year that shows that all educational requirements have been completed.

Indicate "no" if the required coursework hours were not completed and applicable coursework was available. A copy of this request, along with documentation that clearly demonstrates circumstances that were beyond the candidate's control, must be submitted to the MDE Office of Special Education Services for consideration. The computerized process will not accept this request.

- YES NO 4. Personnel signatures by the candidate, employer, and ISD.

PERSONNEL SIGNATURES:
Candidate _____ Date _____
LEA/ Employer _____ Date _____
ISD Superintendent/Designee _____ Date _____

Return To: _____
(ISD Contact) _____
Telephone #: _____

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