

FULL 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. The candidate has completed 3 years of successful professional practice or administrative experience in special education, or combination thereof. (attach documentation)
YES NO 3. The ISD has received a copy of form REC: ADMIN from the candidate's university/college of training with a recommendation for full approval as a director of special education showing that the candidate has completed all educational requirements (30 semester or 45 term hours of graduate credit). The effective date on form REC: ADMIN is consistent with the effective date shown above. If form REC: ADMIN was previously received indicating that all educational requirements had been met, then a new form REC: ADMIN for this request is not needed.
YES NO 4. This candidate has completed one year of successful experience as a director of special education while under temporary or continuing temporary approval. The candidate's temporary/continuing temporary approval(s) as a director of special education, that verifies the professional year of experience, is on file.
YES NO 5. Personnel signatures by the employing superintendent, and ISD.

PERSONNEL SIGNATURES:

Superintendent of Employing District Date
ISD Superintendent/Designee Date

Return To: (ISD Contact) Telephone #:

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