

**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 an earned master's degree or equivalent. (attach copy)
- YES NO** 2. This candidate holds full approval or endorsement in at least 1 area of special education. (attach copy)
- YES NO** 3. This candidate has completed 3 years of successful professional practice or administrative experience in education, or combination thereof. (attach documentation)
- YES NO** 4. One of the following conditions must be met:
- A. The ISD has received a copy of form REC: ADMIN from the candidate's university/college of training with a recommendation for temporary approval as a director of special education. All educational requirements have not been completed. The candidate must complete 6 semester or 9 term hours of credit between September 1 and August 31, for continuing approval. This candidate must be employed as a director of special education.
 - B. The ISD has received a copy of form REC: ADMIN from the candidate's university/college recommending temporary approval and showing all educational requirements are completed. No additional coursework is required for continuing approval. The candidate does not need to be employed as a director of special education.
 - C. The ISD has previously received a form REC: ADMIN from the candidate's university/college indicating that all educational requirements have been completed and this is a request for a new temporary approval. The candidate must be employed as a director of special education.
- YES NO** 5. 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)