

**CONTINUING 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 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 supervisor of special education in the previous school year and will continue to be employed as a supervisor 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. If form PV indicates that this candidate did not complete the required coursework and that applicable coursework was not available, you may also indicate "yes".

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 candidates control, must be submitted to the MDE Office of Special Education Services for consideration. The computer 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)