

FULL 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. 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 supervisor of special education showing that the candidate has completed all educational requirements (12 semester or 18 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** 3. This candidate has completed one year of successful experience as a supervisor of special education while under temporary or continuing temporary approval. The candidate's temporary/continuing temporary approval(s) as a supervisor of special education, that verifies the professional year of experience, is on file.
- YES NO** 4. 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)