

FULL APPROVAL FOR EARLY CHILDHOOD SPECIAL EDUCATION TEACHER

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 Last Name _____ First Name _____ MI _____

Birth Year: _____

ISD Name: _____ LEA Name: _____

Program Category: _____ University/College: _____

Effective Date: _____ School Year: _____

YES NO

- ____ ____ 1. This candidate holds a valid Michigan teaching certificate with at least 1 endorsement in special education (attach.)
- ____ ____ 2. This candidate has completed a major or minor in early childhood education, or child growth and development as shown on a college/university transcript (attach).
- ____ ____ 3. Personnel signatures by the employer and ISD.

PERSONNEL SIGNATURES:

LEA/Employer Signature _____ Date _____

ISD Superintendent/Designee Signature _____ Date _____

Return To: _____

(ISD Contact) _____

Telephone #: _____

Email: _____

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