

**UNIVERSITY/COLLEGE VERIFICATION FOR
DIRECTOR OR SUPERVISOR OF SPECIAL EDUCATION**

CANDIDATE'S NAME: _____

INTERMEDIATE SCHOOL DISTRICT (ISD): _____

ISD ADDRESS: _____
Street City Zip

EMPLOYING LEA/PSA/ISD: _____

REQUIREMENTS FOR TEMPORARY APPROVAL:

1. **Director** Only
Y N

_____ a) This candidate is enrolled in a director of special education preparation program.

_____ b) Twelve semester or equivalent hours of graduate credit toward full approval.

2. **Supervisor** Only

_____ a) This candidate is enrolled in a supervisor of special education preparation program.

NOTE: Continuation of temporary approval depends upon completion of 6 hours or equivalent hours of graduate credit toward full approval between August 31 of the previous school year and September 1 of the current school year that the candidate is employed. All continuing approvals must be processed on a Program Verification (PV) form.

REQUIREMENTS FOR FULL APPROVAL:

1. **Director** Only
Y N

_____ a) All coursework completed (30 semester or equivalent hours of graduate credit).

_____ b) Successful 200 clock-hour practicum in special education administration.

2. **Supervisor** Only
Y N

_____ a) All coursework completed (12 semester or equivalent hours of graduate credit).

Applies to the school year 20____ - 20_____.

Evaluator Signature: _____ University/College: _____

Verification:

	TA	FA
Director	_____	_____
Supervisor	_____	_____

Date of Evaluation: _____