

DIAGNOSIS & REMEDIATION OF READING COURSE VERIFICATION FORM

(Not required if the course was completed at a [Michigan college or university](#))

Michigan Public Act 32 of 2007 amended MCL 380.1531 of the Revised School Code. Effective **July 1, 2009**, a course of at least 3 semester credit hours in the diagnosis and remediation of reading disabilities and differentiated instruction, which includes a field experience*, is required to progress from the Standard Teaching Certificate to the Professional Teaching Certificate or the Standard CTE Certificate to the Professional CTE Certificate. For applicants who complete the reading course **out-of-state at a state-approved teacher preparation institution**, this verification must be included with the application Information Sheet and Document Checklist, which is generated upon submission of an application. An official transcript listing the course will also be required. The Michigan Department of Education (MDE) reserves the right to request course syllabi.

* MDE allows a "field experience" to be fulfilled within the teacher's current teaching placement. If possible, a teacher should be placed in a classroom where instruction occurs, and diagnosis and remediation of reading methodology can be implemented.

For more information on the new reading course requirement, see [MCL 380.1531\(4\)](#).

Educator Information:	Date of Birth: _____	MOECS Application# _____
_____	_____	_____
(first name)	(middle and/or maiden name)	(last name)

VERIFICATION OF READING REQUIREMENT

This section must be completed by the Dean of the College of Education, Registrar or Certification Officer at the non-Michigan college/university where the course was completed.

University/College: _____

University/College Web Address: _____

This is to certify that the educator listed above has satisfactorily (C or better) completed 3 semester credits in the diagnosis and remediation of reading disabilities and differentiated instruction, including a field experience.

Course Title: _____ Credits Earned: _____

Date Completed: _____

Dean of the College of Education, Registrar or Certification Officer Signature

Date

Name and Title (please type or print)

Area Code/Telephone Number