

CONTINUING TEMPORARY APPROVAL FOR DIRECTOR 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 Last Name: _____ First Name: _____ MI: _____

Birth Year: _____

ISD Name: _____ LEA Name: _____

Program Category: Director of Special Education University/College: _____

Effective Date: _____ School Year: _____

Yes No

- 1. This candidate has met all criteria required for temporary approval as a director of special education.
- 2. This candidate received temporary approval as a director of special education in the previous school year and will continue to be employed as a director of special education during the current year.
- *3. Indicate "yes" if the ISD has received a copy of the program verification (PV) form from the candidate's Michigan university/college of training showing all coursework requirements for continuing temporary approval have been met, or holds a REC:ADMIN form from a previous school year that shows that all educational requirements had been completed. If the PV form indicates that this candidate did not complete the required coursework and that applicable coursework was not available, you may also indicate "yes."
- 4. Personnel signatures by the candidate, employer, and intermediate school district.

*Candidates must take a minimum 6 semester or equivalent hours between September 1 and August 31 of the previous school year in order to receive a continuing temporary approval.

PERSONNEL SIGNATURES:

Candidate's Signature Date

LEA/Employer Signature Date

ISD Superintendent/Designee Signature Date

Return to: _____

(ISD Contact) _____

Telephone #: _____

E-mail: _____

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