

## 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 Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Birth Year: \_\_\_\_\_

ISD Name: \_\_\_\_\_ LEA Name: \_\_\_\_\_

Program Category: Supervisor of Special Education University/College: \_\_\_\_\_

Effective Date: \_\_\_\_\_ School Year \_\_\_\_\_

**Yes No**

- 1. This candidate holds full approval or endorsement in at least 1 area of special education. (attach copy)
- 2. This candidate holds a master's degree or higher.
- 3. This candidate has 3 years of successful experience in special education.
- 4. The ISD has received a copy of the REC:ADMIN form 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 equivalent hours of graduate credit). If the REC:ADMIN form was previously received indicating all educational requirements have been met, then a new REC:ADMIN form for this request is not needed.
- 5. Personnel signatures by the employing superintendent and ISD.

---

### 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)