

## 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: Early Childhood Special Education

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.

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**PERSONNEL SIGNATURES:**

\_\_\_\_\_  
LEA/Employer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
ISD Superintendent/Designee Signature

\_\_\_\_\_  
Date

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Return To: \_\_\_\_\_

(ISD Contact) \_\_\_\_\_

\_\_\_\_\_

Telephone #: \_\_\_\_\_

Email: \_\_\_\_\_

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