

## FULL 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: \_\_\_\_\_ 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. Three years of successful professional practice or administrative experience in special education, or a combination of practice and experience.
- \_\_\_ \_\_\_ 4. The ISD has received a copy of the REC:ADMIN form from the candidate's Michigan university/college of training with a recommendation for full approval as a director of special education showing that the candidate has completed all educational requirements (30 semester hours or equivalent hours of graduate credit) including a 200-clock-hour practicum. 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.

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**PERSONNEL SIGNATURES:**

Candidate's Signature	Date
LEA/Employer Signature	Date
ISD Superintendent/Designee Signature	Date

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Return to: _____	cc: Intermediate School District
(ISD Contact) _____	School District
_____	Candidate
Telephone #: _____	University/College (if applicable)