

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: _____ University/College: _____
Effective Date: _____ School Year: _____

Yes No

- ___ ___ 1. This candidate holds a valid master's degree or higher. (attach copy)
- ___ ___ 2. This candidate holds full approval in at least 1 area of special education. (attach copy)
- ___ ___ 3. This candidate has completed 3 years of successful professional practice or administrative experience in education or combination thereof. (attach documentation)
- ___ ___ 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 temporary approval as a director of special education.
- ___ ___ 5. This candidate has completed 12 semester or equivalent hours of graduate credit in a State Board of Education approved special education director program from a Michigan university.
- ___ ___ 6. 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: _____	cc: Intermediate School District
(ISD Contact) _____	School District
_____	Candidate
Telephone #: _____	University/College (if applicable)