R: 10/23/08
R340.1772

CONTINUING TEMPORARY 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:_____ University/College:_____

Effective Date:_____ School Year:_____

Yes	No	
___	___	1. This candidate has met all criteria required for temporary approval as a supervisor of special education.
___	___	2. This candidate received temporary approval as a supervisor of special education in the previous school year and will continue to be employed as a supervisor 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." Indicate "no" if the required coursework hours were not completed and applicable coursework was available. A copy of this request, the PV form, along with documentation that clearly demonstrates circumstances that were beyond the candidate's control, must be submitted to the Michigan Department of Education – Office of Special Education and Early Intervention Services (MDE-OSE/EIS) for consideration. The computerized process will not accept this request.
___	___	4. Personnel signatures by the candidate, employer, and ISD

*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: _____ cc: Intermediate School District

(ISD Contact) _____ School District

_____ Candidate

Telephone #: _____ University/College (if applicable)