

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