R: 10/23/08
R340.1772

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 holds an earned 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 experience in special education (attach documentation).
___	___	4. The ISD has received a copy of REC:ADMIN form from the candidate's Michigan university/college of training with a recommendation of temporary approval as a supervisor of special education.
___	___	5. Personnel signatures by the candidate, employer, 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)