

TEMPORARY APPROVAL FOR A TEACHER OF STUDENTS WITH DISABILITIES

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: _____ School Year: _____

University/College: _____

Grades Assigned: K-12 _____ Early Childhood Special Education _____

Effective Date: Month _____ Date _____ Year _____

YES NO

- ___ ___ 1. This candidate holds a valid Michigan teaching certificate. (attach)
- ___ ___ 2. The ISD has received a copy of the Michigan University/College PV form indicating that this candidate has been accepted into an appropriate program of study to attain a special education endorsement.
- ___ ___ 3. The employing Superintendent has signed the Statement of Assurance.
- ___ ___ 4. Personnel signatures by the employer and ISD.

PERSONNEL SIGNATURES:

"I have been accepted into a training program at (Michigan University/College) _____ and agree to complete a program leading to full endorsement or approval in the special education area of (level) _____ (category) _____ at the rate of 6 semester hours from September 1 to August 31 of each school year."

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

SUPERINTENDENT'S STATEMENT OF ASSURANCE:

I certify that this district conducted a search for fully-qualified personnel and that no certified teacher, holding full approval or endorsement for this position was available at the time of the assignment.

Superintendent's Signature	Date
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Return To _____	Intermediate School District
(ISD Contact) _____	School District
_____	Candidate
Telephone #: _____	Michigan University/College
Email: _____	