

TEMPORARY APPROVAL FOR RESOURCE PROGRAM TEACHER

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: _____

Special Education Endorsement Program: _____

YES NO

_____ _____ 1. This candidate holds a valid Michigan teaching certificate. (attach)

_____ _____ 2. The ISD has received a copy of the 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.

SUPERINTENDENT'S STATEMENT OF ASSURANCE:

I certify that this district conducted a search for a 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

PERSONNEL SIGNATURES:

"I have been accepted into a training program at (University/College) _____ and agree to complete a program leading to full endorsement or approval in the special education area of _____ (category) at the rate of 6 semester or 9 term hours (minimum) from September 1 to August 31 of each school year." *(If candidate has no special education endorsement currently on certificate)*

Candidate's Signature

Date

LEA/Employer Signature

Date

ISD Superintendent/Designee Signature

Date

Return To: _____

Intermediate School District

(ISD Contact) _____

School District

Candidate

Telephone #: _____

University/College (if applicable)

Email: _____