

Director of Special Education Continuing Temporary Approval

Candidate's Last Name _____ First Name _____ MI _____

LEA Name: _____ ISD Name: _____

University/College: _____

Effective Date: _____ School Year: _____

• Yes • No	1. The candidate received temporary or continuing temporary approval as a director of special education in the previous school year.
• Yes • No	2. The employer must request continuing temporary approval for each consecutive year the candidate continues to be employed as a director of special education but has not met all the coursework requirements.
• Yes • No	4. I understand that the candidate's teacher preparation institution must verify that the candidate completed six semester or equivalent hours of credit toward full approval between August 31 of the current school year and September 1 of the next school year.

Source: https://www.michigan.gov/mde/0,4615,7-140-6598_88188_40121---,00.html

Please email all required documents along with this signed checklist directly to specialeducationapprovals@resa.net

LEA/Employer Signature: _____ Date: _____