

Director of Special Education Full Personnel Approval

Candidate's Last Name _____ First Name _____ MI _____

LEA Name: _____ ISD Name: _____

University/College: _____

Effective Date: _____ School Year: _____

• Yes • No	1. I understand the candidate's Michigan university/college must verify that the candidate completed all training requirements. This includes 30 semester or equivalent hours of graduate credit and a successful 200 clock-hour practicum in special education administration.
• Yes • No	2. I understand a request for approval must be received by the Michigan Department of Education, Office of Special Education (MDE, OSE) during the school year (July 1 to June 30) in which the effective date applies.
• Yes • No	4. I understand full approval is granted from the beginning of the school year in which the request was initiated or the candidate's date of employment as a special education director, whichever is later. Approval is granted any time throughout the school year for which the approval is effective, but no later than June 30.
• Yes • No	5. I understand full approval does not expire and is transferable from one school district to the next.

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: _____