

Director of Special Education Temporary Approval Checklist

Candidate's Last Name _____ First Name _____ MI _____

LEA Name: _____ ISD Name: _____

University/College: _____

Effective Date: _____ School Year: _____

• Yes • No	1. The candidate possesses a master's degree or higher . (Attach Transcripts or copy of degree)
• Yes • No	2. The candidate possesses a valid full approval or endorsement in at least one area of special education from the Michigan Department of Education, Office of Special Education (MDE, OSE).
• Yes • No	3. The candidate has three years of successful professional practice or administrative experience in special education, or a combination of practice and experience . (Attach an assurance statement on the district letterhead.)
• Yes • No	6. I understand that the candidate's Michigan university/college must verify that 12 semester or equivalent hours of graduate credit toward full approval have been completed.
• Yes • No	7. I understand that temporary 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.

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: _____