

Early Childhood Permit 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 bachelor's degree or higher , including completion of 15 semester or equivalent hours of appropriate professional education credit.
• Yes • No	2. I understand that the Early Childhood Special Education Permit is effective through June 30 of the school year for which it is issued and may not be transferred.
• Yes • No	3. I understand the permit may not be renewed for the same individual.

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: _____

