

Supervisor of Special Education Temporary Personnel Approval Checklist

Candidate's Last Name _____ First Name _____ MI _____

LEA Name: _____ ISD Name: _____

University/College: _____

Effective Date: _____ School Year: _____

• Yes • No	1. A candidate for continuing temporary approval must have received temporary or continuing temporary approval as a supervisor of special education in the previous school year. (Please attach temporary approval evidence.)
• Yes • No	2. I understand that Continuing Approval is granted to the requesting school district or intermediate school district (ISD) for a time period of not more than one school year.
• Yes • No	3. I understand the employer must request continuing temporary approval for each consecutive year the candidate continues to be employed as a supervisor of special education but has not met all the coursework requirements
• Yes • No	4. I understand 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.
• Yes • No	5. 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	6. I understand continuing 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 supervisor, 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	7. I understand continuing temporary approval 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: _____

