

Supervisor of Special Education Full Personnel Approval Checklist

Candidate's Last Name _____ First Name _____ MI _____

LEA Name: _____ ISD Name: _____

University/College: _____

Effective Date: _____ School Year: _____

• Yes • No	1. I understand that the candidate's Michigan university/college must verify that the candidate completed all training requirements.
• Yes • No	2. I understand that 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	3. 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 supervisor, whichever is later. Approval is granted any time Michigan Department of Education, Office of Special Education throughout the school year for which the approval is effective, but no later than June 30.
• Yes • No	4. I understand that 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: _____