

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. The candidate possesses a master's degree or higher .
• 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 <u>successful</u> experience in special education (Assurance Statement on District Letterhead is attached).
• Yes • No	4. The candidate is enrolled in a supervisor of a special education program approved by the MDE.

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: _____