

Teacher Consultant Approval Checklist

Candidate's Last Name _____ First Name _____ MI _____

LEA Name: _____ LEA Email: _____

ISD Name: _____ University/College: _____

Effective Date: _____ School Year: _____

• Yes • No	1. The candidate possesses a master's degree in education or a field of study related to special education. (Attach Transcripts or copy of Master's Degree)
• Yes • No	2. The candidate meets all of the requirements of R. 340.1782 of the Michigan Administrative Rules for Special Education (MARSE).
• Yes • No	3. Approval is specific to the category of endorsement. A request for Teacher Consultant approval may be made for each area of special education endorsement.
• Yes • No	4. The candidate has provided evidence of a minimum of three years of satisfactory teaching experience , not less than two years of which shall be teaching in a special education classroom. Substitute teaching in general or special education classrooms is acceptable in meeting this requirement. (Assurance statement(s) on district letterhead must be attached.)

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: _____

