

Transition Coordinator 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 or graduate degree in special education or a field related to the transition of youth with disabilities. (Attach Proof)
• Yes • No	2. The candidate has completed a minimum of three years of satisfactory teaching experience in special or vocational education at the secondary level or a minimum of three years of satisfactory employment providing transition related service to individuals with disabilities ages 13 to 26. (Attach District Letterhead Assurance Statement)
• Yes • No	3. The employing superintendent must provide evidence that the following competencies can be demonstrated: a. Knowledge of transition foundations to develop transition education, activities, and services for students, families, and service providers. b. Possession of effective facilitation, coaching, and leadership skills at the individual and group level. c. Ability to engage in collaborative transition service delivery and utilize interagency agreements. d. Ability to facilitate/teach pertinent transition practices (issues) to support special education and agency staff including: i. Federal/Michigan Law ii. Curriculum/Best Practice iii. Delivery of Transition Services iv. Interagency Collaboration e. Understanding of outcome measurement and evaluation of transition services. (Attach District Letterhead Assurance Statement)

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: _____

