CONTINUING TEMPORARY APPROVAL FOR SPECIAL EDUCATION TEACHER

Note: Documentation that supports the following <u>statements</u> must be maintained in this candidate's file for audit purposes. The employing school district and intermediate school district retains all responsibilities related to the accuracy of this request.

Candidate's Last Name: <u>Click here to enter text.</u> First Name: <u>Click here to enter text.</u> MI: <u>Click here to enter text.</u>

Date of Birth: <u>Click here to enter text.</u>   PIC: <u>Click here to enter text.</u>

ISD Name: <u>Berrien RESA</u>   LEA Name <u>Click here to enter text.</u>

Program Category: <u>Click here to enter text.</u>   University/College: <u>Click here to enter text.</u>

Effective Date: <u>Click here to enter text.</u>   School Year: <u>Click here to enter text.</u>

YES   NO   N/A

☐ ☐   1. This candidate holds a valid Michigan teaching certificate. (Attach)

☐ ☐   2. This candidate continues to be employed in the same assignment as employed and approved in the previous school year.

☐ ☐   3. Candidates must take a minimum 6 semester or equivalent hours between September 1 and August 31 of the previous school year in order to receive a continuing temporary approval.

☐ ☐   4. Has the individual ever accepted responsibility in a civil infraction (excluding speeding tickets) or been convicted of (or pled no contest to) a misdemeanor or felony?
OR
   Has the individual had a teacher, school counselor, school psychologist, or school administrator certificate suspended or revoked?
OR
   Is there currently action pending against the individual's teaching, school counselor, school psychologist or school administrator certificate?
OR
   Has the Individual ever surrendered or nullified a teaching, school counselor, school psychologist, or school administrator certificate?

☐ ☐ ☐   If yes, has this conviction/action previously been disclosed to the Michigan Department of Education?

☐ ☐ ☐   If yes, have documents for this conviction/action previously been provided to the Michigan Department of Education?

☐ ☐   5. Personnel signatures by the candidate, employer and ISD.

PERSONNEL SIGNATURES

_____   _____
Candidate's Signature   Date

_____   _____
LEA/Employer Signature   Date

_____   _____
ISD Superintendent/Designee Signature   Date

Return To: Berrien RESA   Telephone #:   269-471-7725
ISD Contact: Megan Klann   Email: Megan.klann@berrienresa.org