

FULL APPROVAL FOR DIRECTOR OF SPECIAL EDUCATION

Note: Documentation that supports the following statements 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: [Click here to enter text.](#) First Name: [Click here to enter text.](#) MI: [Click here to enter text.](#)

Date of Birth: [Click here to enter text.](#)

PIC: [Click here to enter text.](#)

ISD Name: Berrien RESA

LEA Name: [Click here to enter text.](#)

Program Category: Director of Special Education

University/College: [Click here to enter text.](#)

Effective Date: [Click here to enter text.](#)

School Year: [Click here to enter text.](#)

Yes No or N/A

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. This candidate holds a full approval or endorsement in at least 1 area of special education. (attach copy) |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. This candidate holds a master's degree or higher. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. This candidate has completed 3 years of successful professional practice or Administrative experience in special education or combination thereof. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. The candidate's Michigan university/college must verify that the candidate completed all training requirements. This includes 30 semester or equivalent hours of graduate credit and a successful 200 clock-hour practicum in special education administration. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. 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? |
| <input type="checkbox"/> | <input type="checkbox"/> | If yes, has this conviction/action previously been disclosed to the Michigan Department of Education? |
| <input type="checkbox"/> | <input type="checkbox"/> | If yes, have documents for this conviction/action previously been provided to the Michigan Department of Education? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Personnel signatures by the candidates, 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