

FULL APPROVAL FOR TEACHER CONSULTANT 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: Teacher Consultant

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

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

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

Yes No N/A

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1. This candidate has earned a master's degree in education or a field of study related to special education.

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2. This candidate has completed a minimum of three years of satisfactory teaching experience, not less than two years of which shall be in teaching students with disabilities in a special education classroom. (attach copy)

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3. This candidate holds a valid Michigan teaching certificate showing a special education endorsement in the category in which this teacher consultant approval is requested. The special education endorsement must be in one of the following areas: autistic impaired, mentally impaired, emotionally impaired, learning disabled, hearing impaired, visually impaired, physically impaired or otherwise health impaired.

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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?

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

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

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5. Personnel signatures by candidate, employer and ISD.

PERSONNEL SIGNATURES:

Candidate's Signature	Date
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LEA/Employer Signature	Date
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ISD Superintendent/Designee Signature	Date
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Return To:	<u>Berrien RESA</u>	Telephone #:	<u>269-471-7725</u>
ISD Contact:	<u>Megan Klann</u>	Email:	megan.klann@berrienresa.org