

**APPLICATION FOR TUITION ASSISTANCE FOR
EARLY CHILDHOOD SPECIAL EDUCATION TEACHERS**

This application must be submitted to the Department of Education *immediately* following enrollment in a course. No applications for course tuition will be considered after the last day on which a course meets. Written notification of the status of the application will be sent to the applicant and the local school division following approval. Applicants should follow up with their local school division if they do not receive notification of tuition approval from the Department within 30 days of submission.

Upon successful completion of the course, the superintendent or superintendent's designee submits a copy of the teacher's grade report indicating a grade of "B" or better on graduate level coursework and documentation of payment for each course. The name of the teacher must appear on each of these documents.

The reimbursement check will be mailed directly to the teacher. A copy of that correspondence will be sent to the school division.

NAME _____ S.S.# _____

HOME ADDRESS _____

_____ ZIP CODE _____

TELEPHONE NUMBER () _____ WORK () _____ HOME _____

WHAT TEACHING ENDORSEMENTS DO YOU CURRENTLY HOLD? _____

ARE YOU A FULL-TIME EARLY CHILDHOOD SPECIAL EDUCATION TEACHER?

_____ YES. _____ NO. IF NO, PLEASE EXPLAIN: _____

_____ OR _____

ARE YOU A SPEECH/LANGUAGE PATHOLOGIST WHOSE CASELOAD IS COMPOSED

OF AT LEAST 50% PRESCHOOLERS WITH DISABILITIES? _____ YES. _____ NO.

IF NO, PLEASE EXPLAIN: _____

IS THIS COURSE FOR EARLY CHILDHOOD SPECIAL EDUCATION ENDORSEMENT?

_____ YES _____ NO. IF YES, WHAT OTHER COURSES DO YOU NEED:

TITLE OF COURSE(S) TO BE TAKEN:

COURSE NUMBER(S) _____ NUMBER OF CREDITS _____

2000-2001 TERM (CHECK): FALL _____ SPRING _____ SUMMER _____

NAME OF COLLEGE/UNIVERSITY _____

SCHOOL DIVISION APPROVAL

Division Superintendent must certify the employment of the applicant, and that at least 50% of the caseload of a speech or language related service personnel applicant is composed of preschoolers with disabilities.

Signature of Division Superintendent

Date

School Division

In order for a teacher or related service person to be eligible to receive this tuition assistance, the local school division must submit the completed application to the Department of Education immediately after the person's enrollment in the course.

Return to: Ms. Ossie M. Lawrence, Program Support Technician, Office of Special Education, Department of Education, P.O. Box 2120, Richmond VA 23218-2120

DEPARTMENT OF EDUCATION APPROVAL

D.O.E. Specialist in ECSE

Date

D.O.E. USE ONLY:

Date application received: _____ (postmark)

Notification of approval sent: _____ (date)

Date grade and payment documentation received: _____
Date request for payment forwarded to finance: _____