

**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 of Education within 30 days of submission.

Upon successful completion of the course, your superintendent or his or her designee submits a cover memo with the following documentation: copy of the applicant's grade report highlighting a coursework grade of "B" or better and documentation of "out of pocket" payment for each course to the Department of Education's Office of Special Education. The name of the applicant should 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 _____

PHONE NUMBERS: WORK () _____ HOME () _____

WHAT TEACHING LICENSE DO YOU CURRENTLY HOLD?

CONDITIONAL

PROVISIONAL

COLLEGIATE PROFESSIONAL

POSTGRADUATE PROFESSIONAL

WHAT ENDORSEMENT (TEACHING) AREAS ARE LISTED ON YOUR LICENSE?

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

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

_____ OR

ARE YOU A SPEECH/LANGUAGE PATHOLOGIST WHO'S CASELOAD IS COMPOSED

OF AT LEAST 50 PERCENT PRESCHOOLERS WITH DISABILITIES? ? YES. ? NO.

IF NO, PLEASE EXPLAIN: _____ OR

ARE YOU A PARAPROFESSIONAL EMPLOYED FULL-TIME IN AN EARLY

CHILDHOOD SPECIAL EDUCATION PROGRAM? ? YES. ? No. IF NO,

PLEASE EXPLAIN: _____.

COURSE INFORMATION

COURSE NUMBER	TITLE OF COURSE #1	COURSE TERM: (Please circle one) FALL 02 SPRING 03 SUMMER 03
		LAST DAY OF TERM:
NAME OF COLLEGE/UNIVERSITY		
COURSE NUMBER	TITLE OF COURSE #2	COURSE TERM: (Please circle one) FALL 02 SPRING 03 SUMMER 03
		LAST DAY OF TERM:
NAME OF COLLEGE/UNIVERSITY		
COURSE NUMBER	TITLE OF COURSE #3	COURSE TERM: (Please circle one) FALL 02 SPRING 03 SUMMER 03
		LAST DAY OF TERM:
NAME OF COLLEGE/UNIVERSITY		

DO THESE COURSES LEAD TO EARLY CHILDHOOD SPECIAL EDUCATION ENDORSEMENT? ?
 YES. ? NO.

SCHOOL DIVISION APPROVAL

<p>The division superintendent must certify the employment of the applicant, and that at least 50 percent of the caseload of a speech or language related service personnel applicant is composed of preschoolers with disabilities.</p>	
<p>_____</p> <p style="text-align: center;">Signature of Division Superintendent</p>	
<p>_____</p> <p>Date</p>	<p>_____</p> <p>School Division</p>

In order for an applicant to be eligible to receive this tuition assistance, the school division must submit the completed application to the Department of Education immediately after the person's enrollment in the course.

Return to: Dr. Patricia Burgess, Division of Teacher Certification and Licensure, Virginia Department of Education, P. O. Box 2120, Richmond, VA 23218-2120

DEPARTMENT OF EDUCATION APPROVAL

<p>_____</p> <p style="text-align: center;">D.O.E. Specialist in ECSE</p>	
<p>_____</p> <p>Date</p>	

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: _____