

Attachment A to Informational Supts. Memo No. 190

2004 2005 APPLICATION FOR TUITION ASSISTANCE FOR
EARLY CHILDHOOD SPECIAL EDUCATION TEACHERS,
SPEECH-LANGUAGE PATHOLOGISTS, AND PARAPROFESSIONALS

This application must be submitted to the Department of Education immediately after 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 school division following approval. Applicants should follow up with their school division if they do not receive notification of tuition approval from the Department within 30 days of submission. An agreement of obligation will be sent with notification of tuition assistance and must be returned to this office.

After successful completion of the coursework, your superintendent or his/her designee should submit a cover memo on letterhead with the following documentation: a copy of the teacher's grade report highlighting a grade of "B" or better on graduate level coursework and documentation of "out of pocket" payment for each course to the Department of Education's Division of Teacher Education and Licensure. The name of the teacher must appear on each of the documents.

Notification, agreement of obligation, and reimbursement check will be mailed directly to the address below.

NAME _____ S.S.# _____

SCHOOL DIVISION _____

HOME ADDRESS _____

_____ ZIP CODE _____

PHONE NUMBERS: Work () _____ Home () _____

WHAT TEACHING LICENSE DO YOU CURRENTLY HOLD?

CONDITIONAL PROVISIONAL

WHAT SPECIAL EDUCATION ENDORSEMENT AREAS ARE LISTED ON YOUR CONDITIONAL OR PROVISIONAL LICENSE?

ARE YOU A FULL-TIME SPECIAL EDUCATION TEACHER TEACHING PRESCHOOL STUDENTS? YES NO

IF NO, PLEASE EXPLAIN: _____

ARE YOU A FULL-TIME PARAPROFESSIONAL EMPLOYED IN A SPECIAL EDUCATION PROGRAM FOR PRESCHOOL AGE CHILDREN? YES NO

IF NO, PLEASE EXPLAIN: _____

COURSE INFORMATION
(YOU MUST REAPPLY FOR EACH SEMESTER)

COURSE NUMBER	TITLE OF COURSE #1	COURSE TERM: (Please circle one) SUMMER 04 FALL 04 SPRING 05
		LAST DAY OF TERM:
NAME OF COLLEGE/UNIVERSITY		
SPECIAL EDUCATION ENDORSEMENT COMPETENCY		
COURSE NUMBER	TITLE OF COURSE #2	COURSE TERM: (Please circle one) SUMMER 04 FALL 04 SPRING 05
		LAST DAY OF TERM:
NAME OF COLLEGE/UNIVERSITY		
SPECIAL EDUCATION ENDORSEMENT COMPETENCY		
COURSE NUMBER	TITLE OF COURSE #3	COURSE TERM: (Please circle one) SUMMER 04 FALL 04 SPRING 05
		LAST DAY OF TERM:
NAME OF COLLEGE/UNIVERSITY		
SPECIAL EDUCATION ENDORSEMENT COMPETENCY		

SCHOOL DIVISION CERTIFICATION

Division Superintendent, Human Resource Director or Special Education Director must certify the employment of the applicant.	
_____	_____
Signature	Position
_____	_____
Date	School Division

Return to: Dr. Patricia D. Burgess, Specialist
 Division of Teacher Education and Licensure
 Virginia Department of Education
 P. O. Box 2120, Richmond, VA 23218-2120
 Phone (804) 225-2096 Fax (804) 786-6759
 Email pburgess@mail.vak12ed.edu

DEPARTMENT OF EDUCATION USE ONLY

Department of Education Specialist Approval: _____
Date application received: _____ (postmark)
Date grade and payment documentation received: _____
Date request for payment forwarded to finance: _____