

SCHOOL DIVISION SUPERINTENDENT (OR DESIGNEE) RECOMMENDATION FORM
Radford University's Prerequisite Special Education Course for a Provisional License with a Special Education Endorsement

Grant Awarded by the Virginia Department of Education

Among other requirements set forth in the [Licensure Regulations for School Personnel](#) and state statute, individuals seeking a Provisional (Special Education) License with an endorsement in special education must complete a prerequisite course that includes "foundations for educating students with disabilities and an understanding and application of the legal aspects and regulatory requirements associated with identification, education, and evaluation of students with disabilities." The course will be offered online by Radford University. The only cost to participants will be the purchase of one \$35 textbook. Applicants must be recommended by the school division superintendent or designee. Return this signed form to Radford University, and complete the online interest form to request grant funding at <http://goo.gl/h0AC4W>. Selected applicants will be notified by Radford University.

Submit the Recommendation Form to Radford University by e-mail at ruspecial@radford.edu, by fax to (540) 831-5124, or by mail to Special Education Grant, P.O. Box 6959, Radford University, Radford, Virginia 24142.

Part I: To be completed by the Applicant.

Last Name	First Name	Middle Name
Permanent Address (Street Address, P. O. Box)		
City	State	Zip Code
Email Address		
Work Phone Number	Home Phone Number	Mobile Phone Number
Are you currently employed with a Virginia school division? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you been offered employment for the 2017-2018 school year? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes to either of the above questions, please list your current school location and position. _____		
Have you ever been issued a Virginia teaching license? <input type="checkbox"/> Yes <input type="checkbox"/> No		
By my signature, I attest that the information provided is accurate.		
Signature of Applicant _____		Date _____

Part II: To be completed by the School Division Superintendent or Designee.

School Division Superintendent or Designee Recommendation	
I recommend the above-named individual to take <i>EDSP 651: Diverse Learners and the Special Education Process</i> at Radford University through this grant opportunity. I understand that this grant is for individuals this division has hired or is considering for employment as a special educator for the 2017-2018 school year.	
Signature Superintendent or Designee _____	Title _____
Printed Name _____	Date _____
School Division _____	Phone Number _____
Mailing Address (Street, City, Zip Code) _____	