TRAINEESHIP PROGRAM *for special education*

www.kytraineeship.org

Part B

(To be completed by first-time applicants *UNLESS* changes occur in your employment status.)

Return Application to:

Special Education Traineeship Program
245 Johns Hill Road
Highland Heights, KY 41099

NAME: _____
(Last) **(First)** **(Middle Initial)**

AREA of CERTIFICATION REQUESTED: (check)

Communication		Hearing Impaired	
*Director of Special Education		Learning & Behavior Disorders	
Early Childhood Education IECE		Moderate & Severe Disabilities	
First Steps IECE		Visually Impaired	

***For Director of Special Education (DOSE) individuals must actually be serving a district in the primary role of DOSE on a probationary or temporary provisional certificate.**

EDUCATION:

Degree Earned	Name of Institution	Major	Date Earned
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Required Documents that must be enclosed with this application:

- **A copy of your curriculum contract or program of study plan, SIGNED by your University Advisor. Highlight the remaining courses needed to meet certification requirements, including the courses planned for this semester.**
- **A copy of your current teaching certificate.**
- **Completed and SIGNED application Part A.**

VERIFICATION OF EMPLOYMENT STATUS: (**Must be completed by superintendent or personnel director**)

I verify that the above named applicant is employed as a full-time special education, preschool teacher or special education administrator in this district for the 20___/20___ school year.

Please check one;

_____ The completion of the special education certification **is a high priority** to meet the immediate special education/IECE needs in this district.

_____ The completion of the special education certification **is not a high priority** to meet the immediate special education/IECE needs in this district

Signature: _____ **District**: _____ **Date**: _____
(District Administrator)