



Temporary Educator Eligibility Verification Form

DIRECTIONS

Applicant: Print this page, complete **Section A** and forward this form to your college/university advisor, if applicable, for completion of **Section B**. Then forward this form to your employing school district/BOCES/facility school or state-operated program Director of Special Education for completion of **Section C**. Upload the completed and signed form into your application **prior** to submission to CDE.

College/University: Please complete **Section B** in its entirety and return to the applicant.

School District/BOCES/Facility School/State-Operated Program: Please complete **Section C** in its entirety and return to the applicant.

Section A To Be Completed by the Applicant * Required Field by Applicant

Enter the name of the school district, BOCES, facility school, state-operated program that you will be employed by:*				Enter the endorsement area you are applying for:*			
Last Name*		First Name*		Middle Name		Date of Birth*	
List any Previous Names Used*		Social Security Number*		Email Address*			
<input type="checkbox"/> None		X X X - X X					
Mailing Street Address*				State*	Zip*	Contact Phone*	
A	Do you Currently Hold a Valid Colorado Teaching License?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	What Date Does your License Expire?		What Endorsement is Currently on your Colorado License?		
B	Have you Previously been Employed on the Basis of TEE?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, indicate the total number of school years the TEE was used:		List what school years the TEE was used: (i.e. 2014-15)	What Endorsement Area was on that TEE (formerly SETA)?	
Applicant's Signature*				Date*			
X							

Indicate the pathway you will pursue to meet licensure endorsement requirements: (select one)

<input type="checkbox"/>	1	I am a licensed teacher in the state of Colorado and have registered to take the required Special Education Generalist exam and/or Elementary exam or am completing the required coursework to add a special education teaching endorsement to my existing license. If pursuing through exam, you must include registration confirmation and you do not need to complete Section B.
<input type="checkbox"/>	2	I hold a bachelor's degree from an accepted institution of higher education and am or will be continuously enrolled in an approved special services professional, special education, or special education director program.
<input type="checkbox"/>	2a	I am a Special Services Provider who needs to complete one or more of the following to be licensed in the state of Colorado (select one): <input type="checkbox"/> National Content Exam (include registration confirmation) <input type="checkbox"/> Practicum/Internship in the area of specialization (include plan for completion of these hours) <input type="checkbox"/> Coursework
<input type="checkbox"/>	2b	I am a Special Education Director who is enrolled in an approved program in the state of Colorado for Special Education Directors.
<input type="checkbox"/>	3	I am a registered nurse and am enrolled in an approved BSN or MSN program.

Section B To Be Completed by the College/University

Indicate if this is YEAR 1, YEAR 2 or YEAR 3 of the applicant's TEE cycle: <input type="checkbox"/> Year 1 <input type="checkbox"/> Year 2 <input type="checkbox"/> Year 3				Endorsement Program Area:			
<input type="checkbox"/>	Year 1:	I certify that the above named applicant has been accepted into a program leading towards an endorsement in Special Education or as a Special Services Provider.					
<input type="checkbox"/>	Years 2 & 3:	I certify that the above named applicant for YEAR 2 or YEAR 3 is enrolled and has made "satisfactory progress" towards completion of the requirements for an endorsement in special education or as a Special Services Provider during the previous year.					
College/University Name				Today's Date			
Street Address		City	State	Zip	Phone Number		
Name (printed)				Title			
Signature				Contact Email Address			
X							

Section C To be Completed By the School District/BOCES/Facility School or State-Operated Program

By signing this form, the school official at the school district/BOCES/facility school/state-operated program certifies that a fully trained and endorsed special education teacher, special services provider or director is NOT available to provide services in the endorsement area specified above. The above named applicant indicates his/her intention to work and to remain working in the specified endorsement area; assures that he/she will become fully qualified by obtaining an endorsement in the specified area; and acknowledges that TEE approval cannot exceed the maximum THREE year approval cycle and that there are no exceptions or extensions.					
Name (printed)		Title		Today's Date	
Signature		Contact Email Address			
X					