



Temporary Educator Eligibility Verification Form (For Traditional Programs Only)

DIRECTIONS

IMPORTANT NOTE: In order to qualify for a TEE authorization, a candidate must hold a bachelor's degree from a regionally accredited college/university AND be pursuing qualifications via one of the pathways indicated below.

Applicant: 1. Complete **Section A** and forward this form to your college/university advisor for completion of **Section B**, if applicable. 2. Then forward this form to the Director of Special Education at your employing school district/BOCES/facility school or state-operated program for completion of **Section C**. 3. Upon receipt, upload the completed and signed form into your TEE application **prior** to submission.

Section A To Be Completed by the Applicant * Required Field

Enter the name of your employing school district, BOCES, facility school, state-operated program:*				Enter your desired endorsement area: * (Not for SLPAs)			
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 Address*			City*		State*	Zip*	Contact Phone*
A	Do you hold a valid Colorado Teacher or SSP License?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	What date does your license expire?		What endorsement(s) do you currently hold?		
B	Have you previously held a TEE?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, for what school year(s)?		In what endorsement area?		

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

<input type="checkbox"/>	1	I hold a Colorado teacher license and (1) have registered to take the required special education exam and/or elementary exam -- you must include test registration confirmation with this form and do not need to complete Section B -- OR (2) am completing the required coursework to add a special education endorsement to my existing license.
<input type="checkbox"/>	A	Special Education: I hold a bachelor's degree from an accepted institution of higher education and am/will be continuously enrolled in an approved special education or special education director program or have attempted and am registered for the required exam(s) for the endorsement (must include exam registration verification).
<input type="checkbox"/>	B	Special Services Providers: I am completing one of the following in a special services content area to be licensed in the state of Colorado:
<input type="checkbox"/>	<input type="checkbox"/>	National content exam (e.g., PRAXIS, ASWB, BCBA) Note: You must include a copy of your registration confirmation with this form.
<input type="checkbox"/>	<input type="checkbox"/>	Practicum/internship in the area of specialization (include plan for completion of these hours)
<input type="checkbox"/>	<input type="checkbox"/>	Approved preparation program for the specialty identified in Section A (above)
<input type="checkbox"/>	C	I am a registered nurse and am enrolled in an approved BSN or MSN program.

Applicant's Signature* 	Date*
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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 (must match endorsement identified in Section A):	
<input type="checkbox"/>	Year 1	I certify that the applicant named above is enrolled in an special education course/program/exam or an approved special services program or required exam.	
<input type="checkbox"/>	Years 2 & 3:	I certify that the applicant named above is enrolled in an approved program or registered for a requireand has made "satisfactory progress" toward meeting the requirements for a special education endorsement or special services license during the previous year.	
College/University Name			Today's Date
Street Address		City	State
		Zip	Phone Number
Name (printed)		Title	
Signature 		Contact Email Address	

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			