



## Temporary Educator Eligibility Verification Form

**DIRECTIONS**

**Applicant: 1.** Complete **Section A** and forward this form to your college/university advisor for completion of **Section B**, if applicable. **2.** 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.** Upload the completed and signed form into your application **prior** to submission to CDE.

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

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

### 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:*			
Last Name*		First Name*		Middle Name		Date of Birth*	
List any previous names used*		Social Security Number*		City*		Email Address*	
<input type="checkbox"/> None		X X X - X X -					
Mailing Address*				State*		Zip*	Contact Phone*
<b>A</b>	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>B</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?		
Applicant's Signature*				Date*			
X							

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

<input type="checkbox"/>	<b>1</b>	I hold a Colorado teacher license and 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 -- <b>OR</b> I am completing the required coursework to add a special education endorsement to my existing license.
<input type="checkbox"/>	<b>A</b>	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.
<input type="checkbox"/>	<b>2</b>	I am a special services provider, hold the degree required for my specialty and need to complete one or more of the following to be licensed in the state of Colorado:
<input type="checkbox"/>	<b>B</b>	<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"/>	<b>C</b>	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"/>	<b>Year 1</b>	I certify that the applicant named above is enrolled in coursework or a program leading toward a special education endorsement or special services provider license.					
<input type="checkbox"/>	<b>Years 2 &amp; 3:</b>	I certify that the applicant named above is enrolled in coursework or a program and has made "satisfactory progress" toward meeting the requirements for a special education endorsement or a special services provider licenseduring 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					