



Temporary Educator Eligibility Verification Form (For Traditional Programs Only)

DIRECTIONS

IMPORTANT NOTE: In order to qualify for a TEE authorization, a candidate must hold the degree required for the license/endorsement area sought AND be pursuing qualifications via one of the pathways indicated below. TEEs are not issued for school counselors or SLPAs (see the emergency authorization).

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 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 School Counselors or 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	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"/>	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"/>		<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"/> Coursework
<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:		
<input type="checkbox"/>	Year 1	I certify that the applicant named above is enrolled in a special education course/program or completing post-degree requirements for a special services provider license.			
<input type="checkbox"/>	Years 2 & 3:	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 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			