



## University Recommendation for Special Education Supervisor Endorsement


### Applicant Information, Print Clearly:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Former Name(s): \_\_\_\_\_

Last Four Digits of Your SSN: \_\_\_\_\_ Birth Date: \_\_\_\_\_

 Remainder of this form must be completed and signed by the appropriate official from the college/university where you completed your Special Education Supervisor preparation program.

University Official: Return the completed form to the OPI Educator Licensure Unit via email to [cert@mt.gov](mailto:cert@mt.gov).

Name of College/University and Address: \_\_\_\_\_

Is your institution regionally accredited? Yes \_\_\_ No \_\_\_ If "Yes", name of regional accreditation agency (i.e., Western Association of Schools & Colleges): \_\_\_\_\_

### Accreditation of the Special Education Supervisor Preparation Program

Circle accreditation of the Special Education Supervisor Preparation Program at the time of student completion: CAEP NCATE  
State Other If "Other", i.e., Alternative route, please describe: \_\_\_\_\_

### Type of Supervisor Preparation Program Completed

Special Education Supervisor \_\_\_ Other: \_\_\_\_\_

### Type of Master's Degree

\_\_\_ Special Education  
\_\_\_ Related to Special Education Service Fields, i.e., school psychologist, physical therapist, etc. (please describe): \_\_\_\_\_

To qualify for a full license, endorsed as a Special Education Supervisor, Montana requires the following: **Three semester credits in special education law.** Please identify course number and title: \_\_\_\_\_

I attest that the above-named candidate **has completed** a Special Education Supervisor's preparation program. **The program completed leads to licensure in the State of:** \_\_\_\_\_

Signature

Date

Printed Name and Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

College Seal