



## OPI Special Education Endorsement Project

### PARTICIPATION AGREEMENT

Please read the following assurances and call Annette Viciedo Young at 406-444-0299 if you have any questions. Signing your initials by each one of the following requirements confirms your understanding and adherence to these terms as mandated by Montana Accreditation and Licensure Rule 10.55.707 should you be accepted to participate in the OPI Special Education Endorsement Project. **Note: Please print, sign, scan, and email** this form back to [ayoung3@mt.gov](mailto:ayoung3@mt.gov).

To serve the whole state of Montana, only one application from a district may be eligible for admission during the fiscal year, or if the district currently has a candidate receiving fiscal support.

**Special Education Endorsement Candidate:** \_\_\_\_\_

#### ASSURANCES: SCHOOL DISTRICT OR SPECIAL EDUCATION COOPERATIVE

1.1 The school district or special education cooperative has hired the above candidate to fill a vacant special education teaching position that was advertised statewide and for which no special education endorsed applicants applied.

**Principal** \_\_\_\_\_ **Superintendent or SPED Coop Director** \_\_\_\_\_

1.2 The school district or special education cooperative will receive a waiver from the Board of Public Education allowing the candidate to function as a special education teacher without the school district or special education cooperative being cited a deviation on the OPI Accreditation Report or cited for corrective action during a special education on-site monitoring review.

**Principal** \_\_\_\_\_ **Superintendent or SPED Coop Director** \_\_\_\_\_

#### ASSURANCES: CANDIDATE AND SCHOOL DISTRICT OR SPECIAL EDUCATION COOPERATIVE

2.1 The candidate will complete all requirements for the Montana Special Education Teaching Endorsement, including student teaching in their own classroom, within the following three-year timeline.

**Project Start Date:** [July 1, 2025](#) **Project Completion Date:** [June 30, 2028](#)

**Candidate** \_\_\_\_\_ **Principal** \_\_\_\_\_ **Superintendent or SPED Coop Director** \_\_\_\_\_

2.2 The candidate has read the method of stipend reimbursement and understands this may not cover all education expenses.

**Candidate** \_\_\_\_\_ **Principal** \_\_\_\_\_ **Superintendent or SPED Coop Director** \_\_\_\_\_

2.3 The candidate will take classes on a regular basis to maintain satisfactory progress toward completion of their special education endorsement within their three-year timeline. Course completion will be monitored by the OPI Special Education Endorsement Project Director. Participation in the Endorsement Project will be discontinued if satisfactory progress is not maintained.

**Candidate** \_\_\_\_\_ **Principal** \_\_\_\_\_ **Superintendent or SPED Coop Director** \_\_\_\_\_

2.4 The candidate agrees to teach (full time) special education in a public Montana school district for a minimum of two school years following the completion of their special education endorsement through the OPI Special Education Endorsement Project. The candidate understands this does not guarantee them a teaching contract and is not a binding contract with the current school district or special education cooperative.

**Candidate** \_\_\_\_\_ **Principal** \_\_\_\_\_ **Superintendent or SPED Coop Director** \_\_\_\_\_

2.5 All parties agree to immediately notify the Project Director prior to any changes to the position such as the candidate being moved to a different school, or to a different position or employment status for which the applicant was hired. Failure to do so could affect the school district or institution's status in the project. Should a candidate fail to complete the special education endorsement within three years, or a candidate not fulfill the commitment to teach in special education in Montana schools for two years, then the candidate will be required to repay the stipends to the OPI.

**Candidate** \_\_\_\_\_ **Principal** \_\_\_\_\_ **Superintendent or SPED Coop Director** \_\_\_\_\_

2.6 All candidates admitted to the project need a mentor for their first year and the mentor should be identified by the district. The mentor should have three years of teaching in special education and have completed training in mentoring. This training can be through their school district or through the OPI training modules. Mentors will be required to have regular contact with the candidate (mentee). The mentor/mentee contact can be face-to-face or online depending on the location of the parties. If there is no mentor within the district, contact the Project Director for recommendations.

**Candidate** \_\_\_\_\_ **Principal** \_\_\_\_\_ **Superintendent or SPED Coop Director** \_\_\_\_\_

#### **ASSURANCES: CANDIDATE**

4.1 The candidate will be required to sign a contract with the OPI before they are officially admitted to the project. The contract stipulates the following: *Should a candidate fail to complete the special education endorsement within three years, or a candidate not fulfill the commitment to teach full time in special education in Montana schools for two years, then the candidate will be required to repay the stipends to the OPI.* The school district will be notified by the Project Director on the status of a candidate's application.

**I agree to repay OPI the amount of stipend I receive if:**

- I do not complete within three years.

**Candidate's signature** \_\_\_\_\_

- I do not complete the required two-year teaching commitment in a Special Education Classroom in Montana.

**Candidate's signature** \_\_\_\_\_

#### **FINAL ASSURANCE: ALL PARTNERS**

5.1 This agreement represents the terms for your school district or special education cooperative to participate in the OPI Special Education Endorsement Project. Submission of this agreement verifies your compliance with all project guidelines and requirements and confirms that the above statements are true and correct.

**District Superintendent or Special Education Cooperative Director**

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PRINTED NAME

SIGNATURE

DATE

**Building Principal**

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PRINTED NAME

SIGNATURE

DATE

**Candidate**

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PRINTED NAME

SIGNATURE

DATE