



## OPI Special Education Endorsement Project

### APPLICATION 2025-2026

To serve the whole state of Montana, only one application from a district may be eligible for admission during the fiscal year. A district may not be eligible if they currently have a candidate receiving OPI funding.

#### Candidate Information (please print)

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Home Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_

Home Email Address \_\_\_\_\_

Work Phone # \_\_\_\_\_

Work Email Address \_\_\_\_\_

Montana Teaching Certificate Folio # \_\_\_\_\_

Endorsement \_\_\_\_\_ Class\* \_\_\_\_\_ Expiration \_\_\_\_\_

(\*Applicants must have a current Class 1 or Class 2 Montana Teaching Certificate. Class 5 candidates are not eligible.)

Have you previously taught Regular Education?      Yes      No      If yes, for how many years? \_\_\_\_\_

#### Employer Information (please print)

Name of Employing School District or Special Education Cooperative \_\_\_\_\_

Name of Dist. Supt/Coop. Director \_\_\_\_\_

Employer Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Name of Work Location & Grade Level of Teaching Assignment \_\_\_\_\_

Name of Principal/Coop. Supervisor \_\_\_\_\_

Address of Work Location \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Please give the name (s) of any teachers from your school district or special education cooperative who have previously, or are currently, participating in the endorsement project:

You cannot register for classes until you apply for admission to the university you plan to attend.

#### Plan of Study

1. You must apply for admission to the respective university (Graduate admission).
2. You will be assigned an advisor who will develop a plan of study with you.
3. A signed copy of the plan of study must be submitted to the OPI Special Education Endorsement Project.
4. I plan to attend:      Carroll College      MSU Billings

University of Montana

University of Montana-Western

## OPI SPECIAL EDUCATION ENDORSEMENT PROJECT STIPENDS

\*Before officially accepted the candidate will be required to sign a 5-year contract with the OPI. 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, in a non-interest-bearing loan to the OPI.

Stipends are awarded in the amount of **\$12,300** and are distributed equally over the candidate's 3 years of fiscal eligibility. The maximum amount paid toward tuition is \$4,100 per fiscal year. The fiscal year begins on **July 1-June 30 and consists of the following summer, fall, and spring semesters.**

It is the responsibility of the candidate in the OPI Special Education Endorsement Project to pay for all educational costs related to university enrollment. Stipend money will not be reimbursed until the course(s) and final grades are posted to the transcript at the end of a successful semester.

A W-9 and Electronic Funds Deposit (EFT) form will be mailed to each candidate once the OPI contract has been signed and stipends will be sent per instructions on the EFT.

Failure to notify the Project Director immediately of any changes in address or employment status will affect the disbursement of the stipend.

Stipend requests are processed after the OPI Special Education Endorsement Project Director receives: a reimbursement form (only available to candidate's admitted to the program), an unofficial copy of the candidate's transcript with the final semester grade(s) posted, and the semester tuition statement.

Stipend reimbursement can take up to 6 weeks to process.

At the end of each semester, send to the Project Director Annette Viciedo Young at [ayoung3@mt.gov](mailto:ayoung3@mt.gov) :

1. A reimbursement request form (which will be provided).
2. An unofficial copy of the transcript which shows the grade for the course(s).
3. The university tuition bill for that semester.

## MENTORING

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. 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.

*E-mail Completed Documents to:*  
**OPI Special Education Endorsement Project**  
Annette Viciedo Young, Project Director  
Montana Office of Public Instruction  
[ayoung3@mt.gov](mailto:ayoung3@mt.gov)  
Phone: 406-444-0299

**Do you have military experience?** You may be eligible for additional financial assistance. Please call Troops to Teachers at 866-478-3224 or go to [www.montana.edu/ttt](http://www.montana.edu/ttt) for information.

### The following documents must be included with your application:

- ❖ Completed application form.
- ❖ Completed [participation agreement](#) signed by all stakeholders.
- ❖ Letter from the candidate describing their teaching experience and commitment to teaching in the school.
- ❖ Letter from school district or special education cooperative verifying the applicant has been offered and signed a contract.
- ❖ Copy of the position advertisement.
- ❖ Copy of Montana Teaching Certificate: Class 1 or Class 2 (Class 5 candidates are not eligible).
- ❖ Copies of unofficial transcripts from all universities the applicant has attended that show the semester of student teaching and degree or degrees.
- ❖ Plan of Study from the participating college the applicant plans to attend.

**Incomplete applications will not be considered.**