RECOMMENDATION FORM

Prelingually Deaf Candidates Only

This form is to be completed by a Commission-approved program sponsor when recommending an educator that is qualifying for a credential based on completing the requirements for prelingually deaf individuals. Submit this form to the Commission with application form 41-4, appropriate fees, and supporting documentation. This type of recommendation cannot be submitted via the CTC Online system.

Name of Applicant: ____
First *Middle* *Last*

Recommending Institution: ______________________________ SSN: ____________

Credential Type:

☐ Multiple Subjects ☐ Single Subject ______________ (subject) ☐ Services ______________ (credential type)

☐ Education Specialist (specialty area) ______________________________

Added Authorizations in Special Education (AASE):

☐ Autism Spectrum Disorder ☐ Emotional Disturbance ☐ Deaf-Blind

☐ Orthopedic Impairment ☐ Other Health Impairment ☐ Traumatic Brain Injury

Exemption:	Supporting materials:	Term of Credential (as applicable):
☐ CBEST	☐ Assessment ☐ Audiology letter	☐ Level II ☐ Clear ☐ Preliminary

Program Completion Date: ____________________

Subject matter competency met by: ☐ Exam ☐ Subject-matter program

Employing Agency: ______________________________ CDS Code: __________

As the authorized representative of the recommending authority, I have reviewed the applicant's credential application, preparation, and/or experience and certify that the applicant has completed the requirements for the credential and/or added authorization shown above.

Signature: ______________________________ Date: ______________

Name and Title: ____

Contact Phone Number: ______________________ Email Address: ______________