



VERIFICATION OF REQUIREMENTS For the Special Education Bridge Authorizations

This form must be completed by a SELPA director, a head of human resources, an Authorized Submitter or Authorized Designee, and submitted with each application for a Special Education Bridge Authorization.

Name of Applicant: _____ SSN: _____

Name of Agency: _____

Education Specialist: Mild/Moderate Disabilities for **Mild to Moderate Support Needs (MMSN)**

Education Specialist: Moderate/Severe Disabilities for **Extensive Support Needs (ESN)**

Education Specialist: Early Childhood Special Education for **Early Childhood Special Education (ECSE)**

Verification of Requirements

By submitting this form, the authorized signer named below verifies that the holder has completed additional content identified in the Teacher Performance Expectations by one or more of the following options:

Completion of Coursework*

Completion of Professional Development Courses*

Confirmation of prior knowledge and experience via observational data, a portfolio submission, video demonstration, a performance assessment, or another means to show demonstrated competence

**Coursework and professional development for the bridge authorization will not be part of an approved program sponsor's accreditation activities. It is the responsibility of the verifying agency to ensure alignment with the additional content from the newly adopted Teaching Performance Expectations.*

Authorized Submitter Certification

This form must be signed by a SELPA director, a head of human resources, an Authorized Submitter or Authorized Designee.

I certify that the information provided on this form is true and correct.

Signature _____

Name _____ Date _____

Title _____