

## RECOMMENDATION FORM

### Special Education

This form is to be completed by program sponsors with a Commission-approved Special Education program. Submit it to CTC with the [41-4 application form](#), appropriate fees, and supporting documentation.

Recommending Institution: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ SSN: \_\_\_\_\_  
*First Middle Last*

Education Specialist Specialty Area:

- ☐ Mild to Moderate Support Needs (MMSN) ☐ Early Childhood Special Education (ECSE)  
☐ Extensive Support Needs (ESN)  
☐ Visual Impairments (VI)  
☐ Deaf and Hard of Hearing (DHH)

Special Education Additional Authorizations:

- ☐ Adapted Physical Education Added Authorization  
☐ Early Childhood Special Education Added Authorization  
☐ Resource Specialist Added Authorization

Other Credential Options:

- ☐ Speech Language Pathology—Language, Speech, and Hearing  
☐ Speech Language Pathology Authorization—Language, Speech, Hearing, and Audiology  
☐ Special Class Authorization  
☐ Bilingual Authorization      Language: \_\_\_\_\_

Term of Credential (as applicable):

- ☐ Intern      ☐ Preliminary      ☐ Level II      ☐ Clear

Completion Date of Program: \_\_\_\_\_

For Intern—beginning date of service: \_\_\_\_\_

Employing District: \_\_\_\_\_ 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 or added authorization shown above.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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