## **INSTITUTIONAL RECOMMENDATION**

## **SCHOOL ADMINISTRATION - DIRECTOR OF SPECIAL EDUCATION**

Applicant's First, Middle and Last Name			
Applicant's Social Security number			
The Applicant MUST:			
<ol> <li>Hold a master's degree from an accredited college or university.</li> <li>Have four (4) years of full-time certificated experience working with K-12 students while under contract in a school setting.</li> <li>Have completed an administrative internship/practicum in the area of administration of special education and related services.</li> </ol>			
TO BE COMPLETED by the College of Education	the Director of Educational Administration Pont.	rograms or	Dean of
Special Education. One of areas listed below. Pleas	for an Idaho Administrator Certificate endorsed a of the requirements is verification of demonstrate se assist the applicant by providing the required very box for the following competencies:	ed competer	ncies in the
COMPETENCIES		EXHIBITS THIS COMPETENCY	
Organization and admi of special education	nistration of student services, including foundations	☐ YES	□ NO
2. Leadership, ethics, and	d management of change	☐ YES	□ NO
All forms of communication, including technology, advocacy, mediation and counseling with parents of children with disabilities		☐ YES	□ NO
Customer involvement and public relations		☐ YES	□ NO
5. Staff development and supervision		☐ YES	□ NO
6. Policy development as	related to student services	☐ YES	□ NO
7. School law and school writing	finance as related to student services and grant	☐ YES	□ NO
Curriculum development assessment as related	nt, integration of technology, delivery and to student services	☐ YES	□ NO
9. Student behavior mana	agement/effective discipline	☐ YES	□ NO
Signature Title	Date		

College or University