

PART VII - APPLICATION FOR A PROVISIONAL (SPECIAL EDUCATION) VIRGINIA LICENSE

The Provisional (Special Education) License is a three-year, nonrenewable teaching license issued to an individual employed as a special education teacher in a public school or accredited special education school in Virginia who does hold the appropriate special education endorsement. The Provisional (Special Education) License is not applicable to individuals employed as speech pathologists. To be issued the Provisional (Special Education) License an individual must meet the following criteria:

- Be employed by a Virginia public or nonpublic school as a special educator and have the recommendation of the employing educational agency;
- Hold a baccalaureate degree from a regionally accredited college or university;
- Have an assigned mentor endorsed in special education; and
- Have a planned program of study in the assigned endorsement area, make progress toward meeting the endorsement requirements each of the three years of the license, and have completed coursework in the competencies of foundations for educating students with disabilities and understanding and application of the legal aspects and regulatory requirements associated with identification, education, and evaluation of students with disabilities. A survey course integrating these competencies would satisfy this requirement. The Provisional (Special Education) Virginia License through this alternate route shall not be issued without the completion of these prerequisites.

Please print or type:

Name of School Division or Accredited Nonpublic Special Education School:
Name of Teacher (First, Middle, and Last Name):
Social Security Number of Teacher:
Special Education Endorsement(s) Requested (The endorsement area requested must correspond to the teacher's assignment.): ____ General Curriculum ____ Adapted Curriculum ____ Early Childhood Special Education ____ Hearing Impairments ____ Visual Impairments
Mentor Teacher Assigned to Teacher (The mentor teacher must be endorsed in special education.) Name: _____ License No. or Social Security No. _____

By my signature, I verify that I understand the criteria for eligibility for the Provisional (Special Education) License, and I understand that I must complete the requirements for the license and endorsement (teaching) areas within the three-year validity period of the Provisional (Special Education) License.

Signature of Teacher Applicant

Date

By my signature, I assure that the teacher requesting the Provisional (Special Education) License meets the criteria listed above and is the best qualified applicant for the position. I further certify that the school division has advertised the position and made reasonable efforts to recruit and hire qualified individuals. Documents of these assurances must be maintained in the school division's/school's office.

Signature of Superintendent/Director of Nonpublic School

Date

Printed Name of Superintendent/Director of Nonpublic School