



## TRAINEESHIP SPECIAL EDUCATION UNIT RECOMMENDATION

NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION

OFFICE OF SPECIAL EDUCATION

SFN 53153 (10/2016)

Name of Applicant
Special Education Unit
Director
This applicant is seeking a Traineeship award to pursue a special education endorsement or training program in the disability area of:

### Complete the following

This Unit <input type="checkbox"/> (does) <input type="checkbox"/> (does not) have a need for additional staff in the intended disability area.
Check all that applies to the job <input type="checkbox"/> Unfilled for 1 year <input type="checkbox"/> Few applicants for the position
Would you recommend applicant for a Traineeship award at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes</b> , in your opinion identify key skills this person demonstrates which would enhance their work as a teacher in special education?
Comments

Director Signature	Date
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Please mail Traineeship Unit Recommendation Form to:

Department of Public Instruction  
Office of Special Education  
600 E Blvd. Ave., Dept 201  
Bismarck, ND 58505-0440