



TRAINEESHIP SPECIAL EDUCATION UNIT RECOMMENDATION

DEPARTMENT OF PUBLIC INSTRUCTION

SPECIAL EDUCATION DIVISION

SFN 53153 (revised 6/2015)

Name of Applicant:	Special Education Unit:
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Director:

This applicant is seeking a Traineeship award to pursue a special education endorsement or training program in the disability area of:
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Complete the following:

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

Director Signature:	Date:
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Please mail Traineeship Unit Recommendation Form to:

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(701) 328-3217 (701) 328-4149 (Fax)