COLORADO
Department of Education

Educator Talent Division
http://www.cde.state.co.us/educatortalent

Temporary Educator Eligibility Verification Form (For Traditional Programs Only)

***IMPORTANT NOTE**: To qualify for a TEE authorization, a candidate must hold a bachelor's degree from a regionally accredited college/university AND be pursuing qualifications for a special education, gifted education or special services endorsement via one of the pathways indicated below.*

Applicant: **1.** Complete ***Section A; then*** forward this form to your college/university advisor for completion of ***Section B*** (**if applicable**). **2.** Next, forward this form to the Director of Special Education at your employing school district/BOCES/facility school or state-operated program for completion of ***Section C***. **3.** Upon receipt, sign and date the form and upload the completed and signed form into your TEE application.

Section A — To Be Completed by the Applicant

Employing school district, BOCES, facility school, state-operated program:

Desired endorsement (Not for SLPAs): Select

Last Name | First Name | Middle Name | Select Year in TEE Cycle: Select

SSN Last 4 | Email Address* | Phone Number | Date of Birth

Select the pathway by which you will complete licensure requirements:

☐ I hold a Colorado teacher license and have completed an approved program (or 24 semester hours of qualifying coursework, as per the endorsement worksheet) & am registered to take the required exam(s) -- you must include test registration confirmation with this form (skip Section B) -- **OR** am completing the required coursework to add a special/gifted education endorsement to my existing license (include a transcript demonstrating coursework in progress or completed).

☐ I hold a bachelor's degree from an accepted institution of higher education and am/will be continuously enrolled in an approved s**pecial or gifted education program** or required coursework **OR** am registered for the required exam(s) for the endorsement (must include exam registration verification; skip Section B).

☐ I am completing the following in a **special services** area to be licensed in Colorado:

- ○ Req'd exam - registration verification required (skip Section B)
- ○ Practicum/internship/required coursework in the area of specialization
- ○ Approved preparation program for the specialty above

I affirm that I am completing requirements as indicated at left so that I may become fully licensed in the endorsement area above.

Applicant Signature | Date

Section B — To Be Completed by the College University

Select year of the applicant's TEE cycle: Select

Endorsement/Program Area (must match endorsement identified in Section A): Select

☐ **Year 1:** I certify that the applicant named above is enrolled in an special or gifted education course/program or an approved special services program.

☐ **Year 2 or 3:** I certify that the applicant named above is enrolled in an approved program and has made "satisfactory progress" toward meeting the requirements for a special or gifted education or special services license/endorsement during the previous year.

College/University | Today's Date

Street Address | City | State | Zip

Name | Title | Phone

Signature | Contact Email Address

Section C — To Be Completed by the School District/BOCES/Facility School or State-Operated Program

By signing this form, the employing official certifies that a fully licensed and endorsed educator is *NOT* available to provide services in the endorsement area specified above and acknowledges that, if granted, the individual holding the TEE may only provide the services that he/she has been fully trained to provide.

District Name | Address | Phone

Representative Name/Title | Supervising Educator

Assignment/ Placement | Endorsement Requested: Select

Signature | Today's Date | Representative Email

An incomplete form will be returned for completion, which will significantly increase application processing time.