

# Certified Orientation & Mobility Specialist (COMS)

## SCHOOL DISTRICT NOMINATION FOR CREATE SCHOLARSHIP FUNDS

Nominee Name \_\_\_\_\_ School District \_\_\_\_\_

Employment Position \_\_\_\_\_ Grade Level(s) \_\_\_\_\_

The HR Director will affirm by initialing (by hand) each criterion below:

The Nominee seeking CREATE funds for O&M national certification meets the following criteria:

\_\_\_\_\_ Holds a Bachelor's/Master's degree in special education (or other education area)

\_\_\_\_\_ Holds an SCDE educator license in special education (Visual Impairments)

\_\_\_\_\_ Has teaching experience in special education (Visual Impairments)

The HR Director will affirm by initialing (by hand) each provision below:

1. Our District has a definite need for an Orientation & Mobility (O&M) Specialist who would provide expert assistance to teachers in our schools who have students with visual impairments.

Initial here \_\_\_\_\_ to affirm YES to Provision 1.

2. Our District has a current O&M Specialist position that we need to fill, or an O&M Specialist position that will need to be filled in the near future, or we will be creating an O&M position in which one-fourth(0.25 FTE) or more of the work role is allocated exclusively to consultation with students with VI or teachers of VI students, with the balance of the work load in special education instruction (if the O&M Specialist position is not full-time 1.0 FTE). We understand the O&M national certification may not be used solely as a competency enhancement for the nominee/teacher to remain in a full-time teaching assignment in the classroom.

Initial here \_\_\_\_\_ to affirm YES to Provision 2.

3. Our District will nominate a full-time employee who (a) holds a Bachelor's degree in Special Education (or related field), (b) holds a valid SCDE educator license in Special Education/VI, and (c) is an experienced Special Education Teacher of VI students to receive full CREATE scholarship funding (tuition and textbooks) for the O&M national certification program of study.

Initial here \_\_\_\_\_ to affirm YES to Provision 3.

4. Our District will commit to employing the individual we recommend for a period of at least three years as an O&M Specialist upon completion of the O&M program of coursework, contingent upon the individual having demonstrated continuing satisfactory work performance with no personnel disciplinary issues in the interim while completing the O&M add-on program.

Initial here \_\_\_\_\_ to affirm YES to Provision 4.

HR Director Name (Printed) \_\_\_\_\_

HR Director Signature \_\_\_\_\_ Date \_\_\_\_\_