

CONFIRMATION for GRANDFATHERING EARLY CHILDHOOD SPECIAL EDUCATION

DIVISION OF FEDERAL, STATE, & COMMUNITY RESOURCES
 OFFICE OF EDUCATOR SERVICES
 8301 Parklane Road
 COLUMBIA, SOUTH CAROLINA 29223
 FAX: (803) 896-0368 EMAIL: certification@ed.sc.gov

PLEASE PRINT

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|---|--|
| Educator's Name (Last, First, Middle, Maiden) | Name of School, Subject and Grade taught |
| Educator's full mailing address | Educator's Social Security Number or CID |
| Full Name of Employing School District | School District's full address |
| District's telephone number | |

This is a request to add Early Childhood Special Education to my current certificate based on the grandfathering regulations. During the entire time of the qualifying grandfathering time period, I understand that I must:

- have held an Initial or Professional certificate in early childhood, elementary, special education, or Speech and Language;
- have three (3) years teaching experience within the last five (5) years with young children with disabilities (**birth up to six (6) years**).

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|---------------------------------|------|
| Educator's Signature (required) | Date |
|---------------------------------|------|

Required information and signature of the Appropriate District Official

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| I am verifying that _____ has been employed full time in our district during the following school years: _____ (i.e. 06-07, 07-08, and 09-10). Please indicate the <u>actual</u> school years and NOT the <i>total</i> number of years in an Early Childhood setting, teaching young children with disabilities (birth up to six (6) years). |
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| District Official (Name and title printed) Required | |
| District Official (Signature) Required | Date |

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| This method of grandfathering Early Childhood Special Education expires July 1, 2016 , and does not necessarily meet all requirements for the status of being Highly Qualified. |
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