

**Office of Educator Certification**  
Type all information or use blue or black ink.

**Alternative Certification District Intent to Employ**  
Special Education Alternative Certification

<b>Part 1 – Applicant Information to be completed by the employing school district.</b>	
South Dakota Teaching Certificate Number:	Expiration Date:
Last Name:	Last 4 digits of the SSN:
First Name:	Maiden/Previous Last Name:
<b>Part 2 – Public or Department-Accredited school intent to employ through alternative certification.</b>	
Email completed form to <a href="mailto:certification@state.sd.us">certification@state.sd.us</a>	
<b>To be eligible for SPED Alternative Certification the applicant must meet the following requirements:</b>	
<ul style="list-style-type: none"> <li>• <i>Have three years of certified teaching experience in the past five years</i></li> <li>• <i>Employed by the district as a Special education teacher</i></li> </ul>	
<b>Confirm this applicant has three years of certified teaching experience in the past five years?</b> <input type="checkbox"/> <b>Yes</b> -- If yes, list the number of years of experience <input type="checkbox"/> <b>No</b> -- This applicant is not eligible for SPED Alternative Certification	
<b>Confirm this applicant has been hired to teach special education?</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> -- This applicant is not eligible for SPED Alternative Certification. Can add through completion of the Early Childhood or K-12 Special Education endorsement(s).	
Public or Department-Accredited School:	School Building Name:
Grade Level:	Starting Date as SPED Teacher:
<u><a href="#">Teaching Assignment Numbers as listed in the PRF:</a></u>	
Was the above position advertised? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where and how many applicants?
<b>Did any of the applicants hold a South Dakota professional or advanced teaching certificate qualified to teach special education prior to hiring an applicant for the special education alternative certificate?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes - explain	

**Part 3 – Employer requirements for employing an individual with an alternative teaching certificate.**

According to ARSD 24:28:14:08, a public or Department-accredited school employing an individual with a special education alternative teaching certification must provide mentorship by an individual with special education experience.

**Explain the mentorship that will be provided for the named individual teaching with special education alternative certification.**

**Print Name of the qualified special education staff member will be signing off on special education records and overseeing instruction:**

Effective December 1, 2020, according to **24:28:14:02: and 24:28:14:08** a public or Department-accredited school employing an individual with a Special Education alternative teaching certificate applicant shall:

- (1) Verify the applicant has a valid professional or advanced teaching certificate;
- (2) Verify the applicant has a minimum of three years of teaching experience within the past five years;
- (3) Verify the applicant is employed as a ***special education teacher*** by a school district or department-accredited school that meets the requirements of § 24:28:14:08;
- (4) Provide mentorship by an individual with special education experience;
- (5) Document that the school attempted but was unable to hire a professional or advanced teaching certificate holder qualified to teach special education prior to hiring an applicant for the special education alternative certificate; and
- (6) Recommend the special education alternative certificate applicant for renewal based on documented performance and progress.

**We, the Public or Department-Accredited School, understand that the:**

- certificate must be renewed yearly with our recommendation for renewal;
- maximum length for alternative certification is three years; and
- individual must be working towards the requirements to obtain an early childhood special education or K-12 special education endorsement.

<b>Print Name of Authorized Official:</b>		<b>Print Title of Authorized Official:</b>	
<b>Email Address:</b>		<b>Telephone Number (including area code):</b>	
<b>Address:</b>			
<b>City:</b>		<b>State:</b>	<b>Zip Code:</b>
<b>Signature of Authorized Official:</b>			<b>Date:</b>