

Office of Educator Certification

Alternative Certification Annual Progress Report

Type all Information or use blue or black ink.

Special Education Alternative Certification

Part 1 – Applicant Information to be completed by the employing school district.	
South Dakota Teaching Certificate Number:	Expiration Date:
Last Name:	Last 4 digits of the SSN:
First Name:	Maiden/Previous Last Name:

Part 2 – School district sign off to recommend renewal of alternative certification for one year. Email completed form to certification@state.sd.us

Public or Department-Accredited School:	School Building Name:
Grade Level:	Content Area:

[Teaching Assignment Numbers as listed in PRF:](#)

What mentorship was provided by an individual with special education experience throughout the last year?

Explain the mentorship that will be provided during the next school year?

Requirements for completion:	Completed	Date of Completion	Intended Completion Date
Six-credit, year-long special education practicum	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Special education law	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Assessment	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Special education-related course	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Pass the state-designated pedagogy test	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Pass the state-designated content test	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Renewal Recommendation

1. Did the applicant meet the expectations of the district to continue employment at the school district as a special education teacher? Yes No – explain

2. Will the named individual be employed by your district for the upcoming school year? Yes No – explain

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 an 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, are recommending renewal of alternative certification for the above individual and understand that the:

- certification 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 endorsement or K-12 special education endorsement.

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