



Important: To qualify for a TEE, you must hold a bachelor's degree from a regionally accredited college/university AND be pursuing requirements for a special, gifted or adapted physical education or special services endorsement via one of the pathways below.

Directions: Complete Applicant Section A and provide the entire form *first* to your college/university advisor to complete Section B (if applicable) and *then* to the Special Education director at your school district/BOCES/facility school or state-operated program to complete Section C.

Applicant Section A

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

Endorsement
not for SLPAs Select

TEE
Year Select

Last Name	First Name	Middle Name	Date of Birth
Email		Last 4 SSN	Phone

Select the pathway by which you will complete licensure requirements:

- ☐ I hold a Colorado teacher license and am enrolled in an approved program (or coursework, if an option as per the endorsement worksheet) or have completed a program & am registered to take required exams--include exam registration verification with this form (skip Section B)
- ☐ I am enrolled in/completing a special/gifted/adapted physical education program -a transcript demonstrating coursework in progress or completed must be included in the application
- ☐ I am completing the following in a special services area:
- ☐ Req'd exam - registration verification required (skip Section B)
 - ☐ Practicum/internship/required coursework in specialty area
 - ☐ Approved preparation program for the specialty above

I affirm that I am completing requirements as indicated in this section A and as verified below to become fully licensed in the endorsement area above.

Applicant's
E Signature

College/University Section B

Select the year of the applicant's TEE cycle Select

Applicant's Placement/Endorsement
(must match selection in Section A) Select

Year 1: I certify that the applicant is enrolled in a special or gifted education course/program or an approved special services program.
Year 2 or 3: I certify that the applicant is enrolled in an approved program and has made satisfactory process toward meeting the requirements for a special or gifted education or special services license/endorsement during the previous year.

College/University

Today's Date

Address

Phone number

Representative Name

Title

Representative E Signature

Email

School District/BOCES/Facility School or State Operated Program - Section C

I certify that a fully licensed/endorsed educator is NOT available to provide services in the endorsement specified above and acknowledge that, if granted, the individual holding the TEE may only provide the services that he/she has been fully trained to provide.

District/BOCES/FS/SOP Address, Phone

Representative Name/Title

Supervising Educator

Assignment/Placement

Endorsement Requested Select

Representative E Signature

Representative Email