



Special Education Teacher Pathway Program Employment Verification Form

FY24 Special Education Teacher Pathway Program Employment Verification Form 2026–2027 School Year

Tier 1 and Tier 2 teachers remain the priority for grant funding for the FY24 SPED Teacher Pathway Program participants. All candidates must complete the Employment Verification form. If your employment status changes, you must notify the SPED Teacher Pathway grant team and complete a new Employment Verification Form.

District / Employer Information 2026-2027 School Year

School District: _____

Superintendent: _____

School Site / Building: _____

District Phone: _____

Employee (Teacher) Information

Employee Name: _____

Position Title for 2026-2027 School Year:

- ☐ Special Education Teacher (Fully Licensed)
- ☐ Special Education Teacher (Tier 1)
- ☐ Special Education Teacher (Tier 2)
- ☐ Special Education Teacher (Tier 3 – OFP)
- ☐ Special Education Teacher (Tier 4 – OFP)
- ☐ Special Ed Student Teaching Summer 2026
- ☐ Special Ed Student Teaching Fall 2026
- ☐ Special Education Paraprofessional
- ☐ Other (specify): _____

Special Education Licensure Area(s) Assigned 2026-2027:

- ☐ ASD
- ☐ DCD
- ☐ EBD
- ☐ SLD
- ☐ ABS
- ☐ OHD
- ☐ ECSE
- ☐ N/A (Paraprofessional, non-licensed staff)
- ☐ Other (specify): _____

Is the teacher properly licensed for the 2026-2027 assignment as a fully licensed SPED teacher?
(Fully licensed = not requiring a Tier 1, Tier 2, or an OFP for their role in 2026-2027)

- ☐ Yes
- ☐ No
- ☐ N/A (paraprofessional, non-licensed staff)

Employment Status:

- ☐ Full-Time (1.0 FTE)
- ☐ Part-Time _____ FTE
- ☐ Other (explain): _____



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Verification Statement

I certify that the information provided above is accurate and that this individual is employed by the district / cooperative listed for the **2026–2027 school year**.

Authorized District Representative (Superintendent, Building Principal, SPED Director)

Name (Print): _____

Title: _____

Signature: _____

Date: _____

Phone: _____

Email: _____