

Office of Educator Certification

Type all information or use blue or black ink.

Alternative Certification District Intent to Employ

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 – Public or Department-Accredited school intent to employ through alternative certification.

Email completed form to certification@state.sd.us

Public or Department-Accredited School	School Building Name
Grade Level	Content Area
Class Assignment(s)	
Does the applicant have three years of teaching experience in the past five years? <input type="checkbox"/> Yes -- If yes, list years <input type="checkbox"/> No	
Was the above position advertised? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where and how many applicants?
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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, state the reason for not hiring.	

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.

Who is the qualified special education staff member that will be signing off on special education records and overseeing instruction?

Print Name of special education staff member:

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.

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

Save the completed form as a PDF and Email to certification@state.sd.us