



South Carolina Centers for the Re-Education and Advancement of Teachers in Special Education

**VERIFICATION OF RESTRICTED ALTERNATIVE CERTIFICATE
FOR SPECIAL EDUCATION TEACHERS**

Form must be completed by the District's Special Education Director or Human Resources Director.

Teacher _____ SC Certificate No. _____

District _____ School Year _____

Employment

I verify that this teacher is employed as a full-time special education teacher, in the following position:

Program setting (circle one): Self-contained Resource Inclusion Other _____

Primary disability of students: ED HI LD MD Multi-categorical Severe VI

Restricted Alternative Certificate

I verify that the District has made application to SDE for this teacher to be approved for a restricted alternative certificate for the current school year. I also verify that this teacher needs to complete add-on certification in the disability area circled above, in order to maintain employment in his/her current position in our District. I further verify the following (initial the blanks):

_____ This teacher has completed at least 12 credit hours toward the area of add-on certification.

_____ The District has on-file an SDE-issued add-on course worksheet for this teacher.

_____ This teacher has met the content competency requirement of highly qualified in the special education area requested on the basis of a passing score on the following Praxis examination in Elementary Education (list exam number and score attained) _____.

Signature

Date

Position/Title

*Fax completed form to 864.770.1325, or mail to Dr. Joe Sutton, Project Director,
Bob Jones University, Box 34413, Greenville, SC 29614.*