

RECOMMENDATION FORM (41-SPED 2010)
Education Specialist Only

This form is to be completed by a college, university, or assessor agency with a Commission-accredited Education Specialist program. Submit it to CTC with the [41-4 application form](#), appropriate fees, and supporting documentation.

Recommending Institution: _____

Name of Applicant: _____ SSN: _____
First Middle Last

Subject Area: Mild/ Moderate Deaf and Hard of Hearing
 Moderate/Severe Physical and Health Impairments
 Visual Impairments Early Childhood Education

Term of Credential:
 Preliminary Clear * Intern

Completion Date of Program: _____

For Intern—beginning date of service: _____

Employing District: _____ CDS Code: _____

* Recommendation from a Commission-approved clear Education Specialist Induction program.

As the authorized representative of the recommending authority, I have reviewed the applicant's credential application, preparation, and/or experience and certify that the applicant has completed the requirements for the Education Specialist Instruction Credential or added authorization shown above.

Signature: _____ Date: _____

Name and Title: _____

Contact Phone Number: _____ Email Address: _____