

**REQUEST FOR SPECIAL EDUCATION
UNIVERSITY-BASED
TEACHER UNIT ALLOCATION
Due Date: June 30, 2020**

School District/Agency Name:

District Code:

**Number of Special Education Teacher Units
Requested:**

STATEMENT OF ASSURANCES

I hereby certify that the students with disabilities counted on the attached Special Education Teacher Unit Allocation Worksheets (BSS-ES-F1a and F1b) meet the following criteria:

- a. Each student has a current eligibility ruling.
- b. Each student has a current IEP.
- c. Each student with a disability is being provided special education services to ensure a free appropriate public education.

Agency Director's Signature

Date

THIS SECTION FOR MDE USE ONLY

	Date Submitted*	Number SPED Units Requested	Number SPED Units Approved
Original Submission			

To Be Completed By MDE Staff:

Reviewed By: _____

Date

Approved By:

Office Director

Date