

**REQUEST FOR SPECIAL EDUCATION
UNIVERSITY-BASED
TEACHER UNIT ALLOCATION
DUE DATE: DECEMBER 1, 2022**

University-Based Program Name:	University-Based Program 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-F1) meet the following criteria:

- a. Each student has a current eligibility ruling
- b. Each student placed by an LEA has a current IEP and is being provided special education services to ensure a Free Appropriate Public Education (FAPE)
- c. Each student parentally placed in the program is receiving appropriate services based on his/her educational needs.

University Based Program Director's Signature

Date

THIS SECTION FOR MDE USE ONLY

	Date Submitted	Number of Special Education Teacher Units Requested	Number of Special Education Teacher Units Approved
Original Submission			

To Be Completed by MDE Staff:

Reviewed By: _____ Date: _____

Approved By:

Educational Program Administrator

Date: _____