**UNIVERSITY BASED PROGRAM**

**TEACHER UNIT REQUEST**

**TEACHER LISTING**

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| **REQUIRED SUBMISSION** | **DIRECTIONS** | **THE DOCUMENTATION BELOW MUST BE KEPT ON FILE AND MADE AVAILABLE TO THE MDE UPON REQUEST.** |
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| Name of Teacher as it appearson MS teacher’s license or driver’s license | Provide the name of each teacher providing services to children with disabilities in the University Based Program. | * Copy of current teacher license that includes endorsements and certification levels
* Copy of Signed Teacher Contract
* Copy of Teacher Schedule
* Copy of the class roster (to include ONLY students with a current IEP)
 |
| Teacher License Number | Provide the teacher’s license number |
| Areas of Endorsement | Provide the areas of endorsement on the Form |
| Certification Level | Indicate the level of the license the teacher holds (ex. A, AA, AAA, AAAA) |
|  Expiration Date | Provide the date the current educator license expires. |
| Time Employed | Provide the percent of time employed for each teacher (ex. Part Time may be 50%) |
| Total Years’ Experience(Whole Years) | Provide the total years of experience **teaching** asdefined in MS Code Ann §§37-151-5 for each teacher listed |
| Number of Students with Disabilities Served by the teacher | Provide the number of students who have IEPs being served by this teacher in the University Based Program |

**UBP TEACHER UNIT REQUEST – TEACHER LISTING**

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| **Name of State Licensed Facility:** |  | **Facility Code:** |  |
| **Program Director:** |  | **Date of School Year:** |  |
| **Number of UBP Teacher Units Requested:**  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Teacher** | **License Number** | **Areas of Endorsement** | **Certification Level** | **Expiration Date** | **Time Employed** | **Total Years’****Experience** | **Number of SWD Served in the 2024-2025 School Year** |
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