

OPI Special Education Endorsement Project
PARTICIPATION AGREEMENT

Please read through the following assurances and call our office at 657-2097 if you have any questions. Signing your initials by each one of the following requirements confirms your understanding and adherence to these terms as mandated by Montana Administrative Rule should you be accepted to participate in the OPI Special Education Endorsement Project.

Assurances: School District or Special Education Cooperative:

Principal Superintendent

The school district or special education cooperative has hired the participating teacher to fill a vacant special education teaching position that was advertised statewide and for which ***no special education endorsed applicants applied.***

Principal Superintendent

The school district or special education cooperative will receive a waiver from the Board of Public Education allowing the participating teacher to function as a special education teacher without the school district or special education cooperative being cited a deviation on the OPI Accreditation Report or cited for corrective action during a special education on-site monitoring review.

Principal Superintendent

The school district or special education cooperative understands and commits to providing the necessary time and support needed by the participating teacher to fulfill the responsibilities and requirements of their participation in the OPI Special Education Endorsement Project.

Assurances: Participating Teacher and School District or Special Education Cooperative:

Applicant Principal Superintendent

The participating teacher will complete all requirements for the Montana Special Education Teaching Endorsement, including one semester of student teaching in their own classroom, within the following 3 year timeline as mandated by 10.55.707.

Project Start Date: July 1, 2011 Project Completion Date: July 1, 2014.

Applicant Principal Superintendent

The participating teacher has read the method of stipend reimbursement and understands they will be responsible for any tuition & fees not covered by the Endorsement Project.

Applicant Principal Superintendent

The participating teacher will begin taking classes as soon as possible and continue to take classes on a regular basis in order to maintain satisfactory progress toward completion of their special education endorsement within their 3 year timeline. Course completion will be monitored by the OPI Special Education Endorsement Project office. Participation will be discontinued if satisfactory progress is not maintained.

Applicant Principal Superintendent

The participating teacher agrees to teach special education in a Montana school district for a minimum of two school years following the completion of their special education endorsement through the OPI Special Education Endorsement Project. The teacher understands this does not guarantee them a teaching contract and is not a binding contract with the current school district or special education cooperative.

Applicant Principal Superintendent

All parties agree to immediately notify the project office ***PRIOR*** to any changes to the position or employment status for which the applicant was hired. Failure to do so could affect the institution's status in the project.

Assurances: Mentoring P and School District or Special Education Cooperative:

Mentor Principal Superintendent

The employing school district or special education cooperative agrees that professional mentoring for the participating teacher will be provided through the e-Mentoring for Student Success program administered through the New Teacher Center in Helena, MT. The candidate will interact with their online mentor at least twice per week with reports on their progress being sent regularly to the OPI Project office. The mentor will be paid through the OPI Special Education Endorsement Project. There will be no cost to the school district or special education cooperative for this service.

Assurances: All Stakeholders

This agreement represents the terms for your school district or special education cooperative to participate in the OPI Special Education Endorsement Project which is regulated by Accreditation and Licensure Rule 10.55.707. Submission of this agreement verifies your compliance with all project guidelines and requirements and confirms that the above statements are true and correct.

Sign
Here

⇒ _____

Signature of District Superintendent

Date

Sign
Here

⇒ _____

Signature of Building Principal

Date

Sign
Here

⇒ _____

Signature of Special Education Cooperative Director

Date

Sign
Here

⇒ _____

Signature of Participating Teacher

Date