

**OPI Special Education Endorsement Project
PARTICIPATION AGREEMENT**

Please read the following assurances and call our office at 406-657-2097 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 Accreditation and Licensure Rule 10.55.707 should you be accepted to participate in the OPI Special Education Endorsement Project.

In order to serve the whole state of Montana, only one application from a district may be eligible for admission during the fiscal year.

Assurances: School District or Special Education Cooperative:

The school district or special education cooperative has hired the 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 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** _____

Assurances: Teacher and School District or Special Education Cooperative

The teacher will complete all requirements for the Montana Special Education Teaching Endorsement, including student teaching in their own classroom, within the following three-year timeline.

Project Start Date: July 1, 2021 **Project Completion Date:** June 30, 2024

Teacher _____ **Principal** _____ **Superintendent** _____

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

Teacher _____ **Principal** _____ **Superintendent** _____

The teacher will take classes on a regular basis in order to maintain satisfactory progress toward completion of their special education endorsement within their three-year timeline. Course completion will be monitored by the OPI Special Education Endorsement Project Office. Participation in the Endorsement Project will be discontinued if satisfactory progress is not maintained.

Teacher _____ **Principal** _____ **Superintendent** _____

The 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.

Teacher _____ **Principal** _____ **Superintendent** _____

All parties agree to immediately notify the project office prior to any changes to the position such as the teacher being moved to a different school, or to a different position or employment status for which the applicant was hired. Failure to do so could affect the school district or institution's status in the project. Should a teacher fail to complete the special education endorsement within two years or a teacher not fulfill the commitment to teach in special education in Montana schools for two years, then the teacher will be required to repay the stipends to OPI.

Teacher _____ **Principal** _____ **Superintendent** _____

Assurances: School District or Special Education Cooperative

All teachers admitted to the project need a mentor for their first year and the mentor should be identified by the district. The mentor should have three years of teaching in special education and have completed training in mentoring. This training can be through their school district or through OPI training modules. Mentors will be required to have regular contact with the teacher (mentee) and to submit regular reports to the OPI Special Education Endorsement Coordinator. The mentor/mentee contact can be face-to-face or online depending on the location of the parties. If there is no mentor within the district, arrangements will be made with the Project Coordinator. The OPI Project will pay the mentors a stipend of \$750.

Teacher _____ Principal _____ Superintendent _____

Assurances: Teachers

Once accepted, the teacher will be required to sign a contract with OPI before reimbursement of the first stipend. The contract stipulates the following: should a teacher fail to complete the special education endorsement within three years or a teacher not fulfill the commitment to teach in special education in Montana schools for two years, then the teacher will be required to repay the stipends to OPI. ***Return your signed contract to OPI upon receiving the contract or the teacher will not be considered part of the project and will be dropped.**

I agree to repay OPI the amount of stipend I receive if:

I do not complete within three years.

Teacher's signature _____

I do not complete the required two-year teaching commitment in a Special Education Classroom in Montana.

Teacher's signature _____

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. Submission of this agreement verifies your compliance with all project guidelines and requirements and confirms that the above statements are true and correct.

District Superintendent

Print Name _____

Signature _____

Date

Building Principal

Print Name _____

Signature _____

Date

Special Education Cooperative Director

Print Name _____

Signature _____

Date

Teacher

Print Name _____

Signature _____

Date