

**ASSISTIVE TECHNOLOGY PROFESSIONAL (ATP) Credential
SCHOOL DISTRICT NOMINATION FOR CREATE SCHOLARSHIP FUNDS**

Nominee Name _____ School District _____

Employment Position _____ Grade Level(s) _____

Nominee email address: _____

The District HR Director will initial (by hand) to affirm the Nominee meets each eligibility criterion below. The Nominee must meet all three criteria:

_____ Holds a Master's degree or Bachelor's degree in special education (circle one)

_____ Holds an SCDE educator license in special education (any area)

_____ Has teaching experience in special education

The District HR Director and Nominee will initial (by hand) each provision below to affirm mutual understanding and commitment:

1. Our District has a definite need for an Assistive Technology Specialist who will provide expert consultation to teachers and assistance to students with disabilities in our schools.

HR Director affirms by initialing here: _____ Nominee affirms by initialing here: _____

2. Our District has a current Assistive Technology Specialist position that we need to fill, OR an Assistive Technology Specialist position that will need to be filled in the near future, OR we will be creating a position in which half (0.5 FTE) or more of the work role is allocated exclusively to assistive technology consultation/assistance, with the balance of the full-time work load in special education instruction (if the position is not full-time 1.0 FTE in assistive technology). We understand the ATP national certification may not be used solely as a competency enhancement for the nominee-teacher to remain in a full-time teaching assignment in the classroom.

HR Director affirms by initialing here: _____ Nominee affirms by initialing here: _____

3. Our District will nominate a full-time employee who (a) is an experienced Special Education Teacher (b) holds a Master's degree or Bachelor's degree in Special Education, and (c) holds SCDE educator licensure in Special Education (any area), to receive full CREATE scholarship funding (tuition and textbooks) for the ATP national certification program of study.

HR Director affirms by initialing here: _____ Nominee affirms by initialing here: _____

4. Our District will arrange for the Nominee to complete required work experience hours related to Assistive Technology prior to sitting for the ATP national certification exam (see "Work Experience at <https://rb.gy/ylah4>), as follows: Master's degree (1,000 hrs.) or Bachelor's degree (1,500 hrs.).

HR Director affirms by initialing here: _____ Nominee affirms by initialing here: _____

5. Our District will commit to employing the individual we recommend for a period of at least three (3) years as an Assistive Technology Specialist, upon completion of the ATP program of coursework, and contingent upon the individual having demonstrated continuing satisfactory work performance with no personnel disciplinary issues in the interim. The Nominee is obligated to accept the ATP position and return at least three (3) years of service as an Assistive Technology Specialist.

HR Director affirms by initialing here: _____ Nominee affirms by initialing here: _____

HR Director Name (Printed) _____

HR Director Signature _____ Date _____