## SURVEY OF ALL EMERGENCY AND PROBATIONARY CERTIFIED TEACHERS OF SPECIAL EDUCATION 2018-2019 (PLEASE COMPLETE ONE SURVEY FOR EACH TEACHER)

## **District:**

Director of Special Education:				Date:	
the 2018-2019 scl	nool ye robatio	ear pursuant to 1 onary certified to	16 KAR 2:160 a eachers must (	and 16 I comple	ete training requirements during KAR 2:120. In addition, all te six (6) semester hours of ate expiration.
Training Requirem	ents:				
	s of cor	nours of training; nference training; in-service.	; and		
PART I- PLEASE	CHEC	( ONE			
1. This te	acher i	s emergency ce	ertified, and ne	eds tra	ining (a), (b) and (c).
		s a first year pro a) and (b).	obationary cer	tified te	eacher and needs
		s probationary o ary teacher.	certified, howe	ever, is	not a <u>first year</u>
PART II					
Teacher Informat	ion:				_
Teacher's Name:			Social Se Number:	ecurity	
Address, City, State, Zip:					
Phone Number:			Disability Currently		ed):
School Assignment(s):					

disabilities of students served: (Check <u>each area served)</u>
☐ VI- Visual Impairment Disability
HI- Hearing Impairment Disability
OI- Orthopedic Impairment or Physically Disabled
TBI- Traumatic Brain Injury Disability
LD-Specific Learning Disability
EBD- Emotional –Behavioral Disability
MMD- Mild Mental Disability
FMD- Functional Mental Disability
OHI- Other Health Impaired
MULTI- Multiple Disability
DD- Developmentally Delayed
DB- Deaf-Blind Disability
Autism
List three areas of critical need for training:
1)
2)
<b>4</b> )
3)

RETURN THIS TRAINING SURVEY FORM TO YOUR SPECIAL EDUCATION COOPERATIVE DIRECTOR NO LATER THAN OCTOBER 15, 2018.