## Georgia PSC Special Education Academic Content Concentrations Form 200 Piedmont Avenue, Suite 1702, Atlanta, Georgia 30334-9032

Please Use Black Ink or Type

Title La	st Name							
Mr N	As State Sta							
First Name		Middle or Maiden Name						
<b>Social Security Num</b>	Iber	Date of Birth (MM/DD/YY)						
-	-							
I. Employ ment Verification:								
	cant is currently employed, holds Special Education guesting the Special Education Academic Content	Employing School System/Agency Code						
	cated below in Section II.	Employment begins/began on:						

## II. <u>Request for Special Education Academic Content Concentration</u>:

I am requesting that the following Academic Content Concentration(s) and Cognitive Level(s) be added to the applicant's certificate. Eligibility for each Concentration is determined by at least one of the following: (1) passing the appropriate content assessment test for the field, or (2) completing five content courses in the concentration field prior to September 1, 2006, or (3) veteran teachers may qualify to add the field with the Special Education Content HOUSSE Rubric. All <u>applicable</u> content assessment scores, college/PLU transcripts showing <u>all</u> course credit, or the Special Education Housse Rubric must be ON FILE in order for the Academic Content Concentration request to be processed. The Employer Assurance Form must be submitted in conjunction with this Academic Content Concentration Form.

	Academic Content Concentration (Check all that apply)	<b>Cognitive Level</b> (Check all that apply)		Special Ed Academic Content Eligibility Criteria (In space provided, indicate documentation justifying the content eligibility)			
		P - 5	4 - 8	6 - 12	Content Assessment (Test #, Date)	Content Coursework (Colleges, Course #'s, etc.)	Special Ed HOUSSE Rubric
0	Special Education Mathematics						
0	Special Education Language Arts						
0	Special Education Reading						
0	Special Education Science						
0	Special Education Social Science						

Note: Approved Program Providers should use the Approved Program Recommendation Form instead of this form for providing Special Education Academic Content Concentration information for certified teachers.

## III. A uthorization:

Name of Superintendent or Central Office Designee (Please Print)

Signature

Title

Date

Georgia School System/Agency/Private Institution

**Phone Number**