

**Georgia PSC Special Education Academic Content Concentrations Form**  
**200 Piedmont Avenue SE, Suite 1702, Atlanta, Georgia 30334-9032**  
 Please Use Black Ink or Type

**Title**  Mr  Ms **Last Name**

**First Name**  **Middle or Maiden Name**

**Social Security Number**  **Date of Birth (MM/DD/YY)**

**I. Employment Verification:**

I certify that the applicant is currently employed, holds Special Education certification and is requesting the Special Education Academic Content Concentration(s) indicated below in Section II.

Employing School System/Agency Code

Employment begins/began on:

-  -

**II. Request for Special Education Academic Content Concentration:**

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 applicable content assessment scores, college/PLU transcripts showing all course credit, or the Special Education House 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)	Cognitive Level (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
<input type="radio"/> Special Education Mathematics						
<input type="radio"/> Special Education Language Arts						
<input type="radio"/> Special Education Reading						
<input type="radio"/> Special Education Science						
<input type="radio"/> 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. Authorization:**

**Name of Superintendent or Central Office Designee**  
(Please Print) \_\_\_\_\_

**Title** \_\_\_\_\_

**Georgia School System/Agency/Private Institution** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Phone Number** \_\_\_\_\_