



CERTification Program for Educational Diagnosticians Nomination Form

This form must be signed by the District Special Education Director.

I wish to nominate:

Name: _____

Region _____ District: _____ Campus _____

Campus Phone: _____

Current Position: _____ Years Teaching Experience: _____

Areas of Teaching Experience: _____

Certification(s): _____

Graduate Degree: _____ Major: _____

University: _____

I nominate this individual for participation in the CERT Program. Nominee is in good standing with our district and has passed a criminal record check. I understand that I may not have any diagnostician positions available when this nominee is eligible to acquire a probationary certificate. However, I would be willing to interview this nominee for any appropriate diagnostician positions. I would also be willing to loan the required test kits to this individual, depending on their availability, for the Region 10 CERT coursework. I understand that if we choose to hire this nominee as an intern, we would have additional obligations regarding assigning a mentor who can review reports and assess progress. If you have questions, please contact Barb Keefer, Program Consultant, at 972.348.1478.

Printed Name: District Director of Special Education Region # Date

Signature Position

E-mail Address

Phone