



Nomination Form for Educational Diagnostician Certification Program

Nominee Information:

Name: _____ District: _____

Current Position: _____

I nominate this individual for participation in the Region 10 Educational Diagnostician Certification Program. I confirm that this nominee is in good standing with our district and has passed a criminal record check. I understand that this program requires individuals to have access to the following test batteries:

- Kaufman Test of Educational Achievement, Third Edition (KTEA-3)
- Wechsler Individual Achievement Test, Fourth Edition (WIAT-4)
- Woodcock-Johnson IV Tests of Achievement (WJ-IV ACH)
- Woodcock-Johnson IV Tests of Oral Language (WJ-IV OL)
- Woodcock-Johnson IV Tests of Cognitive Abilities (WJ-IV COG)
- Wechsler Intelligence Scale for Children, Fifth Edition (WISC-V)
- Kaufman Assessment Battery for Children, Second Edition – Normative Update (KABC-II NU)

The district does not need to provide protocols or scoring software as the Region 10 Educational Diagnostician Certification Program will provide access to these materials/resources. I understand that individuals in the program will be required to complete an internship/practicum experience to acquire standard certification. This nomination does not obligate the LEA to ensure an internship/practicum experience.

If you have questions, please contact Jill Kerby, Program Coordinator (972.348.1478 or jill.kerby@region10.org).

Name of Special Education Administrator

Position

Signature Special Education Administrator

Date

Email

Phone

Region #