### **LOW INCIDENCE LIMITED RESIDENCY LICENSE**

### *TO BE COMPLETED BY HIRING DISTRICT*

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| --- |
| Last 4 digits of Applicant’s Social Security Number:  LEGAL NAME of Applicant:  First Name       Middle Name       Last Name |

**Responsibilities of LEA/Teacher Education institution:**

**Support and supervision of the candidate must be provided collaboratively by both the LEA and the University of Kansas.**

* Hiring LEA must:
  + - Assign a mentor and provide an approved mentor program
    - Place the candidate in an appropriate assignment
* University must:
  + - Provide a plan of study that specifically designates the coursework and other requirements to be completed each semester that allows for completion of the program within two to three years
* The LEA mentor and university advisor must share their contact information for collaboration purposes

**ASSURANCES**

**Please initial all three statements to indicate your agreement.**

     1. This applicant has the dispositions and qualities to be successful and our district will support this applicant as they complete their licensure program and while they are in the classroom.

      2. I verify the applicant has a minimum of one year of experience as a Special Education paraprofessional.

      3. I certify that the information on the application is true and complete to the best of my knowledge.

Upon successful completion of all first semester requirements, the applicant will be placed in the following assignment under the Low Incidence Limited Residency License:      **T (**

Name of School/District

Administrator Printed Name

Administrator Signature

Title/Position of Administrator:

Phone 

Email      **OU**

Mailing Address (City, State, Zip):     **RS**