



## Special Education Preendorsement Authorization

The special education preendorsement authorization is available to a certified teacher, who has completed two hundred forty clock hours (or the equivalent of 24 quarter hours OR 16 semester hours) directly related to one or more of the following Washington state special education teaching certificates:<sup>1</sup>

- Special education endorsement
- Early childhood special education endorsement
- Deaf education endorsement
- Deaf education with American Sign Language (ASL) proficiency endorsement
- Teacher of the visually impaired (TOVI) endorsement

The special education preendorsement authorization is specific to one or more of the previously mentioned special education roles and enables the teacher to be employed as a special education teacher in the areas to which they are appropriately qualified.<sup>2</sup> The remaining clock hours/credits and all endorsement requirements must be completed within three years.

Certified teachers include teachers with residency, professional, initial, continuing, substitute or limited\* certificates. (\*Limited teaching certificates include conditional, emergency substitute, intern substitute, and teacher.)

Teachers with special education preendorsement authorization are not considered fully qualified under IDEA; however, they may perform the duties of a special education teacher (e.g., write Individualized Education Programs (IEP)s and commit district resources as the district's designee) with "substantial professional training" per WAC 392-172A-02090 when appropriate. It is recommended that districts maintain records documenting the professional learning and supervision requirements have been met.

In order to apply for a special education preendorsement authorization, the attached application packet must be completed in full. The packet includes two forms: *District Request for Special Education Preendorsement Authorization (SPI 1533)* and *Verification of Teacher Program Enrollment (SPI 1534)*.

The following steps should be taken to complete the application:

1. District MUST initiate the process by:
  - a. Completing Section B of the *District Request for Special Education Preendorsement Authorization*; and
  - b. Returning the completed form to the Applicant
2. Applicant MUST:
  - a. Complete all necessary information in Section A of both required forms;
  - b. Submit the Verification of Teacher Program Enrollment form to the college or preparation program to complete Section B, which must be accompanied by the list of course work completed, with a request to have the completed form returned to applicant;

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<sup>1</sup> [WAC 181-82-110](#)

- c. Submit the completed packet (both forms – 3 pages) to Office of Superintendent of Public Instruction using one of the following methods:
  - i. BY MAIL: OSPI-Special Education; PO Box 47200, Olympia, WA 98504-7200.
  - ii. BY EMAIL: [speced@k12.wa.us](mailto:speced@k12.wa.us)  
*\*\*\*\*Note: The Teacher Preparation Program seal MUST be visible on the Verification of Teacher Enrollment Form*

Upon receipt of the completed packet, OSPI will review the material. The District and the Applicant will be notified, by letter, of the review results. If approved, the approval letter is your proof of special education preendorsement authorization and is transferrable from district to district within the state of Washington. Contact OSPI-Special Education with any questions or to update information including changes of address, name or contact email or phone numbers. Contact for OSPI-Special Education: 360-725-6075 or [speced@k12.wa.us](mailto:speced@k12.wa.us).



Washington Office of Superintendent of  
**PUBLIC INSTRUCTION**

**DISTRICT REQUEST FOR SPECIAL EDUCATION  
PREENDORSEMENT AUTHORIZATION  
(WAC 392-172A-02090)**

Do you currently hold a Washington State teaching certificate?  Yes  No (If No, refer to packet instructions.)

If yes, Certificate Type \_\_\_\_\_ Certificate # \_\_\_\_\_

Date of issue \_\_\_\_\_ Date of expiration \_\_\_\_\_

I understand that the endorsement requirements must be completed within three years of service as a Special Education teacher.

Applicant Signature \_\_\_\_\_

**SECTION A**

TO BE COMPLETED BY APPLICANT				
1. NAME	LAST	FIRST	MIDDLE	MAIDEN/FORMER NAME
2. ADDRESS			3. DATE OF BIRTH	
CITY/STATE/ZIP			4. SOCIAL SECURITY NO. (OPTIONAL)	
5. TELEPHONE BUSINESS		HOME		6. E-MAIL

**SECTION B**

TO BE COMPLETED BY DISTRICT SUPERINTENDENT OR PERSONNEL DIRECTOR ONLY	
I certify and verify there is no other qualified person who holds a Special Education Endorsement for this position and that the position is essential to the delivery of special education and related services and circumstances warrant consideration of issuance of a Special Education Preendorsement Authorization.	
I hereby request that _____ be granted a Special Education (applicant's name) Preendorsement Authorization.	
NAME OF DISTRICT	DATE
ADDRESS	
CITY/STATE/ZIP	
TELEPHONE	EMAIL ADDRESS
NAME (PRINTED)	SIGNATURE AND TITLE



Washington Office of Superintendent of  
**PUBLIC INSTRUCTION**

**VERIFICATION OF TEACHER  
PROGRAM ENROLLMENT**

Complete Section A of this form. Send it to the education department of the teacher preparation program where you are or have been enrolled in order to complete your special education endorsement program. This form, when returned to you, must be included with your application packet.

**SECTION A**

TO BE COMPLETED BY APPLICANT			
1. NAME LAST	FIRST	MIDDLE	MAIDEN/FORMER NAME
2. ADDRESS			3. DATE OF BIRTH
CITY/STATE/ZIP			4. SOCIAL SECURITY NO. (OPTIONAL)
5. TELEPHONE BUSINESS		HOME	6. DATE OF ENROLLMENT
7. MAJOR			8. E-MAIL
9. STUDENT #, if known		10. PROGRAM ADVISOR, if known	

**SECTION B**

TO BE COMPLETED BY TEACHER PREPARATION PROGRAM	
<p>The above-named is an applicant for a Special Education Preendorsement Authorization in Washington state. In order to grant the authorization request, information in Section B regarding this applicant must be complete. This form must be signed by the chairperson of the education department. Please verify with the <b>official</b> school seal.</p> <p><b>RETURN THIS FORM TO THE APPLICANT.</b></p> <p>1. The applicant currently has completed <input type="text"/> (check one) <input type="checkbox"/> <b>quarter</b> or <input type="checkbox"/> <b>semester</b> or <input type="checkbox"/> <b>clock hours</b><sup>3</sup></p> <p style="text-align: center;"><small>Total credits/hours</small></p> <p>These hours are directly related to the selected special education certificates listed below (check all that apply and fill-in applicable credits/hours):</p> <ul style="list-style-type: none"> <li>• <input type="checkbox"/> <b>special education</b> (fill-in credits/hours) <input type="text"/></li> <li>• <input type="checkbox"/> <b>early childhood special education</b> (fill-in credits/hours) <input type="text"/></li> <li>• <input type="checkbox"/> <b>teacher of the visually impaired</b> (fill-in credits/hours) <input type="text"/></li> <li>• <input type="checkbox"/> <b>deaf education</b> (fill-in credits/hours) <input type="text"/></li> <li>• <input type="checkbox"/> <b>deaf education with ASL proficiency</b> (fill-in credits/hours) <input type="text"/></li> </ul>	
NAME OF TEACHER PREPARATION PROGRAM	DATE
ADDRESS	
CITY/STATE/ZIP	EMAIL
NAME (PRINTED)	TELEPHONE
SIGNATURE AND TITLE (Chairperson of Education Department)	
<p><b>TEACHER PREPARATION PROGRAM SEAL</b></p> <p>This form must bear an <b>original</b> seal.</p>	

<sup>3</sup> Clock hours are only acceptable if they are part of a PESB approved teacher preparation program leading to a special education endorsement.  
FORM SPI 1533 (Rev. 9/2023)

