

## APPENDIX B

### Notification to the School District and Support Provider Request

**SPECIAL EDUCATION PROGRAM  
CALIFORNIA STATE UNIVERSITY CHANNEL ISLANDS**

**Notification to the School District & Support Provider Request**

The Special Education Program at CSU Channel Islands works collaboratively with the school districts of Ventura County to prepare future education specialists for positions of special education teachers. The educator named below is applying to the Education Specialist Mild/Moderate Level II credential program. Once admitted, this educator will require the assistance of a support provider who is a credential mild/moderate special education teacher in your school district. It is our intention, that working together we can support this candidate in their induction program.

**Candidate Completes This Section:**

Name of Applicant for Ed Specialist Level II Mild/Moderate Credential:

School/site of applicant \_\_\_\_\_

Candidate's preference for support provider\_\_\_\_\_

School/site of suggested support provider\_\_\_\_\_

**School or District Representative to the Special Education Program completes this section:**

I am aware that the above named applicant may be admitted to the Education Specialist Level II Credential Program at CSU Channel Islands and the district will be expected to collaborate in the preparation of this candidate by providing an district support provider for this individual.

Concern, if any: \_\_\_\_\_

Confidential concerns may be addressed by calling the Education Specialist Level II Credential Program Coordinator at CSU Channel Islands. (805-437-3294) or e-mail [tiina.itkonen@csuci.edu](mailto:tiina.itkonen@csuci.edu)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please print name \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_