

RECOMMENDATION FORM (41-AASE)
Added Authorizations in Special Education

This form is to be completed by a Commission-approved Teacher Preparation Program for Education Specialists seeking an Added Authorization in Special Education (AASE). It needs to be submitted to the CTC with application [Form 41-4](#) and appropriate fees until the online process for AASE recommendations is available for use. No supporting documentation is required.

Recommending Institution _____

Name of Applicant _____ SSN: _____
First Middle Last

Added Authorization: (check the appropriate box(es) below)

- | | | | |
|--------------------------|---------------------------|--------------------------|-------------------------|
| <input type="checkbox"/> | Autism Spectrum Disorders | <input type="checkbox"/> | Orthopedically Impaired |
| <input type="checkbox"/> | Deaf-Blind | <input type="checkbox"/> | Other Health Impaired |
| <input type="checkbox"/> | Emotional Disturbance | <input type="checkbox"/> | Traumatic Brain Injury |

Issuance Date _____

As the authorized representative of the recommending authority, I have reviewed the applicant's credential application, preparation, and/or experience and certify that the applicant has completed the requirements for the added authorization indicated above.

Signature _____ Date _____

Name and Title _____

Contact Phone Number _____ Email Address _____