# **Emergency Permit Visually Impaired - Fee \$57**

State Board for Educator Certification (SBEC) rules require permit fees to be paid by the requesting school district. Office of Educator Certification



		lexas Education	
The employing school district must maintain this for	m in the district's perso	onnel office after onlin	e processing is
completed.			
This form/section should only be used for visually	rimpaired assignmen	ts.	
Last Name	First Name		Initial
TEA ID number	I		
Have you ever been the subject of an arrest that has	resulted in deferred	○ Yes	
adjudication, probation or conviction?		○ No	
If <b>YES</b> , attach a statement with the date and place of arres	st nature of charge date	$\mathbf{C}$	sequent disposition
Have you ever had a teaching certificate revoked, de	<u> </u>	-	
subject to any sanctions in Texas or any other state?	nied, suspended of	() Yes	
		No	
If <b>YES</b> , attach a statement providing the school district, sta	ate, and detailed informa	ition.	
Applicant's Affidavit for Visually Impaired Peri	mit (all applicants must	execute this affidavit)	
"I ACCEPT THIS ASSIGNMENT AND CONSENT TO THE ACTIVATIO	ON OF THIS PERMIT.		
"I understand that this permit may not be renewed except und	er conditions specified in T	exas Administrative Code (	hanter 230
Subchapter F.			
"I further understand that if I do not complete the requirement	s listed above, I will not be	eligible for permit renewa	I.
"I do hereby agree, consent and direct that any person or entity	y maintaining information i	n any form relating to my	criminal history shall
release all such information upon the request of the Texas Educ	cation Agency.		
"I do further hereby agree and permit the Texas Education Age	ncy to obtain from any per	son or entity information r	elating to my
personal background, my moral character and my worthiness to		-	
such person or entity release such information upon the reques			
"I do howeby veloces discharge and evenewate the Toyles Educe	tion Agona, it agonts or re	and any name	
"I do hereby release, discharge, and exonerate the Texas Educa furnishing information from any kind and all liability of every ki		presentatives, and any per	son or entity so
"The foregoing consent and release is valid and binding so long	as I hold or seek my certifie	cation, license, permit or o	ther credential issued
under the authority of the Texas Education Code."			
"I understand that any credential issued to me by the Texas Edu	ucation Agency is the prope	erty of the State of Texas. I	agree that I will
tender my credential to the Texas Education Agency if I am ord			-
() understand that a compatible official state of the compatible	avaa aa tha ariisinal "		
"I understand that a copy of this affidavit shall have the same for	orce as the original.		
"I have reviewed this application and I affirm that all of the info	ormation which I have prov	ided on the application and	d the attached
documents is true."			
		<u> </u>	)
Date Drive	rs License/State ID Nur	nber	
Applicant's Signature			

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### Information to be completed by the employing school district

Assignment Data: Rules relating to permits may be found in the Texas Administrative Code, Chapter 230, Subchapter F

County/District Number	nber	Num	strict	//Di	Count	Co
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Description of Assignment	Grades Low	Grades High	Semester Hours Complete in Subject taught	Years of Teaching Experience	Meets Permit Qualifications (Yes or No)	Begin date	
Visually Impaired - Initial							
Visually Impaired - 1st Renewal							
Visually Impaired - 2nd Renewal							
Certification Plan (Select only one)							
Certified educators registered for th	e next ad	ministratio	on of the appro	oriate certific	ation examination	ation(s)	
Deficiency Plan from an approved T	exas educ	cator prepa	aration progran	า.			
Semester hours deficient	urs deficient GPA Sufficient				Date of Deficiency Plan		
Initial Emergency Permit for Visually Impaired- Superintendent's Statement							
named in this permit application is the best qualified person and has agreed to accept the assignment(s) indicated. I have explained and placed in writing to the applicant the requirements for renewal of this permit. All qualifications of the applicant and statements made on the application are true and correct to the best of my knowledge." Name of Superintendent or Authorized Representative							
Signature of Superintendent or Authorized Representative							
First Renewal Visually Impaired Only- Superintendent's Statement (Select only one) <ul> <li>"I affirm that this applicant has met appropriate permit renewal requirements. Documentation has been placed in the</li> <li>individual's personnel file. I have advised the applicant in writing whether or not all remaining deficiencies for</li> <li>certification, including examination requirements, must be completed prior to the end of the school year."</li> </ul>							
"Applicant has failed to complete all ap been approved by TEA."			· ·		•		
Name of Superintendent or Authorized Representative							
Signature of Superintendent or Authorized Representative							

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# Second Renewal Visually Impaired Only- Superintendent's Statement (Select only one)

"I affirm that this applicant has met appropriate permit renewal requirements. Documentation has been placed in the individual's personnel file. I have advised the applicant in writing whether or not all remaining deficiencies for certification, including examination requirements, must be completed prior to the end of the school year."

Applicant has failed to complete all appropriate renewal requirements. Renewal of this permit, on a hardship basis has been approved by TEA."

Name of Superintendent or Authorized Representative	Date
Signature of Superintendent or Authorized Representative	