



DIVISION OF ELEMENTARY & SECONDARY EDUCATION

Notice of Intent to Participate

Please complete the form and return it to the Division of Elementary and Secondary Education, Special Education Office.

I intend to participate in the Division of Elementary and Secondary Education Stipend Program for Vision and Hearing Specialists. I understand that stipends are contingent on the availability of funding and I am not entitled to a stipend. I understand that I am not eligible for a stipend until I complete an approved program of study under the criteria stated in the Program Information attached to the memorandum. I must then obtain qualifying licensure from the Division and complete one full school year working directly with students with visual impairments or who are Deaf/Hard of Hearing as an employee of an Arkansas public school district or education service cooperative.

Name: _____

Address: _____

Phone: _____

E-mail: _____

Program: _____

Anticipated completion date: _____

Signature: _____

Date: _____