**Beth Wigham**

*Education Specialist*

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*Oregon achieves . . . together!*

**CHILD DEVELOPMENT SPECIALIST (CDS)**

**Request for Authorization**

**Please return this form, an updated District Comprehensive School Counseling Program (CSCP) Plan and CDS Plan, and the Summary of Activities document for each returning CDS and full application for any new CDS.**

| **CDS Name(s)** | **School**  | **RETURN** | **NEW** |
| --- | --- | --- | --- |
|  |  |  |  |
| **Deleted CDS Name(s)** | **School** |
|  |  |  |

**Child Development Specialist (CDS) Program Plan**

*(Required for CDS authorizations and should be a part of the District’s CSCP Plan)*

**Year CDS Program Plan was last updated?** \_\_\_\_\_\_ **Are you implementing as outlined in your plan? (Y/N)** \_\_\_\_\_\_

**CDS and Comprehensive School Counseling Program Plan (provide links or submit hard copies):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

District Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Full District Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_

Superintendent Signature: \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CDS Program Director (Please Print): \_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_

***\*Note: The employing district is responsible for completing employee background checks, determining employee qualifications, and any potential liabilities for hiring staff employed as a Child Development Specialist.  This ODE authorization does not constitute responsibility or liability for the employee.***