

Nomination Form for Educational Diagnostician Certification Program

Name:	_ District:
Current Position:	
Program. I confirm that this nominee is in g	n the Region 10 Educational Diagnostician Certification good standing with our district and has passed a criminal m requires individuals to have access to the following test
The district does not need to provide protoc Diagnostician Certification Program will pro	est, Fourth Edition (WIAT-4) devement (WJ-IV ACH) Language (WJ-IV OL) nitive Abilities (WJ-IV COG) dren, Fifth Edition (WISC-V) nildren, Second Edition – Normative Update (KABC-II NU) cols or scoring software as the Region 10 Educational ovide access to these materials/resources. I understand
. •	red to complete an internship/practicum experience to tion does not obligate the LEA to ensure an
If you have questions, please contact Jill K jill.kerby@region10.org).	erby, Program Coordinator (972.348.1478 or
Name of Special Education Administrator	Position
Signature Special Education Administrator	Date
Email	Phone
Region #	-