**Semi-Annual Certification Group Form**

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| **LEA/RESA/GNETS/GLRS Personnel**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Special Education Federal Program: IDEA or Preschool federal funds including GNETS or GLRS | |
|  |  |
| Six-Month Period: July 1 – December 31, 2018 OR School Year: August \_\_\_- Dec \_\_\_, 2018  Six-Month Period: January 1 – June 30, 2019 OR School Year: January \_\_\_ -May \_\_\_,2019 |  |

I certify that the employees listed below worked in a single cost objective with special education students/parents/staff in allowable activities authorized in the federal programs stated above.

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| Employee’s Name |  | Position |  | Employee Signature (Optional ) |
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| 12. |  |  |  |  |
| Supervisor |  | Signature |  | \*\* Date |

This form is to be completed every six months for any employee who is paid with federal funds from a single federal grant or in conjunction with other state or local funds as long as it was a single cost objective position.  *\*****\*Date of signature must occur after the semi-annual or school year period.***

This form may be signed by an immediate supervisor who can verify the federal work assignment of the supervised employees above. Employee signature is optional on this form **(name and position is required).** Individual forms with employee signature may be used rather than this form.