



Wisconsin Department of Public Instruction
**DISTRICT REQUEST FOR SPECIAL EDUCATION
AIDE LICENSE**
PI-1622-Aide (Rev. 02-26)

[Application for Special
Education Program Aide](#)

Instructions for the Applicant: You must submit this form to your employing school district, charter school, CESA, or CCDEB so they may complete the request section below. After the completed form has been returned to you, scan the document and upload when applying for your Special Education Program Aide License in the ELO (Educator Licensing Online) system.

Instructions for the Employer: Complete the request and return the completed form to the applicant. If the employer is an independent charter, CESA, or CCDEB, the district administrator is the employing administrator or director.

	APPLICANT INFORMATION	
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Legal Name *Last, First, Middle*

Other / Previous Names

	SCHOOL INFORMATION	
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School District

Requested Start Date

July 1, _____

Print Name of District Administrator or Authorized Designee *First and Last Name*

Email Address of District Administrator or Authorized Designee

	SIGNATURE	
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I, THE DISTRICT ADMINISTRATOR or Authorized Designee, request that the Department of Public Instruction issue a Special Education Program Aide license to the above-named applicant.

Signature of District Administrator or Authorized Designee

Date Signed *Mo./Day/Yr.*

