

<Agency Letterhead>

(Please adjust to fit your style and needs, and attach all the necessary paperwork). Send to:
Verna A. Trujillo, Personnel Development, FIT Program, NM Dept. of Health, DDS, FIT Program,
810 San Mateo Road, P.O. Box 26110, Santa Fe, NM 87502-26110.505-476-8927,
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Date: RE: name of individual, exemption as DS I Advanced, DS II, DS III

Dear <CSPD Coordinator>

The <EI Program> is requesting an exemption for <name of individual> to work as a Developmental Specialist <specify level>. We have been advertising for a <DS level> for the past ___ months and have been unsuccessful in recruiting candidates with the appropriate degree and or experience.

INDIVIDUAL'S WORK EXPERIENCE: number of months working with your agency, number of years working with children under 5 (name of program, describe duties)

INDIVIDUAL'S EDUCATION and TRAINING/WORKSHOPS: level of education. Specify if candidate is currently enrolled in a degree program and the area of study. Describe courses/workshops/training that individual has taken that are relevant to work with families, infants, and toddlers.

INDIVIDUAL'S EDUCATIONAL PLANS: __<name of individual> is pursuing Associate's/Bachelor's degree in _____, and plans to complete it by <date>

INDIVIDUAL'S SPECIAL CIRCUMSTANCES: speaks language of families served; lives in community for < X > years, has knowledge of our community, is a parent of child with a disability or has lived with an individual with a disability, etc

SUPERVISION: <name of individual> will be supervised by a DS II or DS III, at least monthly and will shadow the supervisor on home visits, and be mentored in conducting evaluations, writing IFSP strategies and outcomes etc.

If granted this DS exemption, our plan for <name of individual> is as follows: (examples)

- _____ will shadow all employees for at least 1 month for observation of the intake process, evaluation and IFSP process as well as routine Special Instruction.
- _____ will begin to work on DS Individualized Professional Development Plan (IPDP) with special assistance from Early Childhood Network.
- S/he will attend the FIT CORE modules
- S/he will participate in trainings provided by our agency.
- S/he will participate in Reflective Supervision Training.
- S/he will continue to take classes at _____ College until she has completed her AA / Bachelor's degree.

Attached is <name of individual>, college transcripts and IPDP, outlining the goal and strategies for the following year, application for the DS certificate, resume if available.. We understand that this exemption must be renewed every year and is valid for a maximum of 3 years.