

Sample Letter Requesting DS Exemption

**<Agency Letterhead>
Exemption Request Letter**

<Date>

Hyacenth Sedillo, NE Region Coordinator
FIT Program
NM Dept. of Health -DDSD
810 San Mateo Road, P.O. Box 26110, Santa Fe, NM 87502-26110.

Re: <name of individual>

Dear Hyacenth Sedillo:

The <FIT Provider agency> is requesting an exemption for <name of personnel> to work as a Developmental Specialist <specify level>.

Our agency has 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:

Please include information regarding: number of months working with your agency; number of years working with children under 5 (name of program, describe duties), etc.

INDIVIDUAL'S EDUCATION and TRAINING/WORKSHOPS:

Please include information regarding: level of education; if candidate is currently enrolled in a degree program and the area of study; 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 <Associates 'Bachelors / Masters> in <discipline / major>, and plans to complete it by <date>

INDIVIDUAL'S SPECIAL CIRCUMSTANCES:

Please include information regarding: language(s) spoken; whether they live in community and for how many years, knowledge of the community; if 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.

Created June 3, 2019

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If granted this DS exemption, our agency's 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.

Sincerely,

<Name of FIT Agency Manager>