PRACTICUM APPLICATION
MAT in Special Education

Application Information

1. In order to register for practicum, you must:
   a. have taken the special education courses needed for certification and/or your degree. (Methods courses must be taken at GSU)
   b. have a 3.0 GPA for your teaching field courses.
   c. if you are not currently employed as a certified teacher, you must show proof of Tort Liability Insurance.

2. Obtain and complete your application from the secretary in the Department of Educational Psychology, Special Education, and Communication Disorders Office. Applications must be filed by the following dates:
   - Fall semester – no later than February 1
   - Spring semester – no later than September 10

3. Submit your completed application for approval to:
   - Dr. Boden: Adapted Curriculum (EXC 7925, EXC 7935, EXC 7926, and EXC 7936)
   - Dr. Emerson: Deaf/Hard of Hearing (EXC 7920 or 7940)
   - Dr. Hansen: Early Childhood Special Education (EXC 7929 or EXC 7939)
   - Dr. Patterson: Behavior and Learning Disabilities (EXC 6661 or 66671)

4. If you withdraw your application at any time, you must submit another application according to established deadlines.

5. Please follow all policies and procedures on the College of Education’s Student Services website, http://education.gsu.edu/student-services/office-of-field-placements/.
A. To be completed by all applicants.

1. Semester you are applying for: Fall, 20___ Spring, 20___

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GSU Student Email

2. Advisor’s Name:______________________________________________________________

3. Indicate the practicum for which you are applying: (Check the appropriate course)
   ____ EXC 7925/7926 (AC Practicum I)   ____ EXC 7935/7936 (AC Practicum II)
   ____ EXC 7920 (DE Practicum I)       ____ EXC 7940 (DE Practicum II)
   ____ EXC 7929 (ECSE Practicum I)     ____ EXC 7939 (ECSE Practicum II)
   ____ EXC 6661 (BLD Practicum I)      ____ EXC 6671 (BLD Practicum II)

4. Type of experience you are applying for:
   ____ On-the-job Practicum (Complete part C)
   ____ I require a placement by the department (complete part B)

5. Your current certification type and area:________________________________________

B. To be completed by those who need a “placed” practicum.

List any placement preferences (area of city, type of school, etc.) and/or any special circumstances affecting your placement. Also list preferred age level i.e. elementary, middle school or secondary. This information and your geographical location will be taken into consideration but will not be the determining factor in placement.

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
C. To be completed by all applicants for On-The-Job (OTJ) Practicum.

1. Briefly describe the disability types you currently serve.

________________________________________________________________________

________________________________________________________________________

2. (Check one)

____ Resource  ____Self-Contained  ____Co-taught Classroom  ____Other: (please specify)

3. 

School Name ____________________________ Phone ____________________________

Street Address ____________________________ City ______________ State ____________ Zip ____________

4. School Contact Person (Immediate Supervisor or person who conducts your evaluations)

Name ____________________________ email address ____________________________

Title ____________________________

School System ____________________________

Street Address ____________________________ City ______________ State ____________ Zip ____________

The practicum or internship supervisor has the authority to withdraw a student from a classroom experience if the student’s performance constitutes a detriment to the students in the class. If such removal is necessary, the student will be given an “F” for the course(s).

I understand that the information on this form will be forwarded to school systems where placement is sought for me. I certify that the information given on this form is correct.

________________________________________________________________________

Student Signature ____________________________ Date ____________________________

________________________________________________________________________

The practicum as requested above is: _____Approved  _____Disapproved

Advisor’s Signature ____________________________ Date ____________________________

Note: If you withdraw your application at any time, you must re-activate your application according to established deadlines.