

**SPECIAL EDUCATION STUDENT TEACHING APPLICATION**  
ON THE JOB CANDIDATES & STUDENT TEACHING INTERNS

Name: \_\_\_\_\_ Student ID# \_\_\_\_\_

Former Name(s): \_\_\_\_\_ Email \_\_\_\_\_

Address: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_  
Street City Zip Code

Name of Special Education Faculty Advisor \_\_\_\_\_

I am currently the teacher of record:

\_\_\_\_\_ Public School \_\_\_\_\_ Nonpublic School \_\_\_\_\_ Other (specify) \_\_\_\_\_

Have taught since: Month \_\_\_\_\_ Year \_\_\_\_\_

Name of School \_\_\_\_\_ District \_\_\_\_\_

Is this a charter school? (underline) YES NO If so, is it independent OR affiliated with a district? Ind. District

Address \_\_\_\_\_ Phone# \_\_\_\_\_

Setting: \_\_\_\_\_ Special Day Program  
\_\_\_\_\_ Resource Specialist Program  
\_\_\_\_\_ Inclusive Classroom  
\_\_\_\_\_ Preschool  
\_\_\_\_\_ Infant/Toddler

Designation of students: \_\_\_\_\_ MM \_\_\_\_\_ MS \_\_\_\_\_ DHH \_\_\_\_\_ ECSE

## REQUEST FOR ON-THE-JOB OR INTERN STUDENT TEACHING

Please complete the following form **ONLY** if you currently have a teaching position and wish to request on-the-job student teaching, or if you are a student teaching intern.

Take the form to your administrator for completion of the following two pages, then forward to the Special Education office.

\*\*\*\*\*To the Administrator:

In order for candidates to complete our special education credential program while teaching, we need verification that this applicant has had a minimum of one semester experience in this classroom prior to student teaching and a recommendation from the administrator at the school regarding the teacher's competencies.

During student teaching, a University Supervisor will be visiting the teacher as follows:

For on the job or intern student teaching, candidates in the M/M, M/S, and DHH credential programs will receive a minimum of 5 visits over the semester. Candidates in the ECSE credential program will receive 4 visits in the preschool student teaching assignment and 3 visits in the infant/toddler student teaching assignment. In addition, an on-site support provider with experience in special education programs at the school must be assigned, and must agree to visit the teacher regularly during the student teaching assignment and to complete the required forms.

To determine the feasibility of this assignment, we ask that you complete this form and return it to the applicant.

The Teacher Education Committee will review the teacher's student teaching application, recommendations and academic preparation. Based on this review, a recommendation will be made regarding placement. **Please be aware that all candidates working at segregated sites must obtain additional experiences in inclusive and/or integrated settings in order to meet program competencies.**

If you have any questions, please contact Dr. Virginia Kennedy, Special Education Teacher Education Coordinator, at [virginia.kennedy@csun.edu](mailto:virginia.kennedy@csun.edu) or (818) 677-2532.

Name of Applicant \_\_\_\_\_

Dates of Employment in this assignment \_\_\_\_\_

School Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

The students in this teacher's classroom are identified as: (Please check all that apply)

\_\_\_\_\_ MM    \_\_\_\_\_ MS    \_\_\_\_\_ DHH    \_\_\_\_\_ Other

The students in this teacher's classroom are \_\_\_\_\_Preschool/Pre-K or \_\_\_\_\_K-12

The teacher provides services in a (Please check all that apply)

\_\_\_\_\_Special Day Program \_\_\_\_\_Resource Specialist Program \_\_\_\_\_General Education class (es).

\_\_\_\_\_Other (please specify) \_\_\_\_\_

Name of administrator who will be responsible for supervision of this candidate \_\_\_\_\_

**Please rate this teacher on the following competencies:**

1. Assumes and fulfills professional responsibilities.

*Strongly Agree*    *Agree*    *Disagree*    *Strongly Disagree*    *Not Applicable*

2. Promotes an effective classroom environment.

*Strongly Agree*    *Agree*    *Disagree*    *Strongly Disagree*    *Not Applicable*

3. Plans instruction effectively and uses appropriate instructional methods to meet individual needs.

*Strongly Agree*    *Agree*    *Disagree*    *Strongly Disagree*    *Not Applicable*

4. Maintains suitable classroom control.

*Strongly Agree*    *Agree*    *Disagree*    *Strongly Disagree*    *Not Applicable*

5. Develops cooperative working relationships with school personnel.

*Strongly Agree*    *Agree*    *Disagree*    *Strongly Disagree*    *Not Applicable*

6. Is responsive to feedback and implements suggestions.

*Strongly Agree*    *Agree*    *Disagree*    *Strongly Disagree*    *Not Applicable*

7. Please briefly identify this teacher's strengths \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Briefly identify areas for improvement \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Completed by \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_