NORTHERN COLORADO



School of Special Education
Application for EDSE 657: Practicum: Deaf/Hard of Hearing

FORM B: PRACTICUM IN A LICENSED TEACHER'S CLASSROOM

TEACHER CANDIDATE NAME	BEAR	#
Instructions for Teacher Candidates Complete this application if you are <i>not</i> a complacement for you. If you have a contracted to practicum in your own classroom or as an itir	eaching position and	d would like to complete your
Complete all 3 pages of this application and r deadline. Deadlines are posted on the School last week of February for Fall semester practi practicum. Practicum is not offered during the	of Special Education of Special Education of Special Education	on website. Deadlines are the
Your advisor must sign your application befo	re it can be processe	ed.
Before you can be released to register for ED coursework and you must have full admission (PTEP). You must also pass/provide docume PRAXIS and you must pass the ASL Sign Provide.	n to the Professional entation of the Deaf/	Teacher Education Program Hard of Hearing PLACE/
Your final application packet should include	the following:	
☐ All 3 pages of the application (includ	ing this page), comp	pleted and signed
☐ A copy of your resume		
A copy of your Academic Transcript Note: If you are unable to access you for all terms		
☐ A copy of your passing results on the page 2)	Deaf/Hard of Heari	ng PLACE/ PRAXIS test (see
☐ A copy of your passing results on the	UNC ASL evaluati	on
Instructions for Advisors Please review the packet to be sure that all of Review the Academic Transcript for all needs Sign below and indicate number of credit hou	ed coursework and C	GPA (3.0 or above).
Advisor's Signature	Date	Credit Hours
	1 1916	Credit Hours

DHH Practicum Application
Form B
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Teacher Candidate Information

Name	Bear Number	
Home Address		
Home Phone	Work Phone	
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Email Address		
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I have \square passed the Deaf/Hard of Hearing PL results or	ACE/ PRAXIS test and have attached the	
registered to take the PLACE/Praxwill send my results to my advisor (1)	xis on the following date and Fax: 970-351-1061)	
	. D. A C. (D. A. V.)	
(Note: You must pass the Deaf/Hard of Hearing PLACE/ PRAXIS test prior to registering for EDSE 657.)		
I have \Box passed the UNC ASL evaluation and <u>have attached the results</u> or		
\square registered to take the UNC ASL e	valuation on the following date	
Do you hold a valid Colorado Teaching licer please attach)	nse (not emergency)? \square No \square Yes (if so	

Placement Information

I would prefer to be placed in \square an elementary school		
a middle school/junior high		
a high school		
☐ Itinerant		
Please indicate your first and second choices for school districts. If you have a specific school or teacher with whom you would like to be placed please indicate that, as well. UNC will contact the appropriate people to coordinate placement. Students are NOT to contact teachers, schools or districts to set up a placement.		
First Choice		
School Name (optional)		
School City	School District/BOCES	
Cooperating Teacher Name (optional)		
Second Choice School Name (optional)		
School City	School District	
Cooperating Teacher Name (optional)		
Are there any other factors we need to consider when coordinating your placement?		
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