

UNIVERSITY of  
NORTHERN COLORADO



School of Special Education

Application to take EDSE 693: Practicum in Special Education

**FORM A: PRACTICUM IN YOUR OWN CLASSROOM**

\_\_\_\_\_  
**TEACHER CANDIDATE NAME**

\_\_\_\_\_  
**BEAR #**

**Instructions for Teacher Candidates**

Complete this application if you are a contracted teacher (paraprofessional positions are not eligible). If you do not have a contracted teaching position and would like to complete your practicum in another teacher’s classroom, complete Form B instead.

Complete all 4 pages of this application and review it to your advisor before the application deadline. Deadlines are posted on the School of Special Education website. Deadlines are the first week in March for Fall semester practicum and the first week in October for Spring practicum. Practicum is not offered during the Summer Session.

Your advisor must sign your application before it can be processed.

Before you can be released to register for EDSE 693, you must have taken all required coursework and you must have full admission to the Professional Teacher Education Program (PTEP). You must also pass/provide documentation of the Generalist PLACE.

Your final application packet should include the following:

- All 4 pages of the application (including this page), completed and signed
- A copy of your license(s) and/or SEE
- A copy of your cooperating teacher’s license
- A copy of your Academic Transcript (available on URSA)  
Note: If you are unable to access your Academic Transcript, print a list of your grades for all terms.
- A copy of your passing results on the Generalist PLACE test (see page 2)

**Instructions for Advisors**

Please review the packet to be sure that all of the materials listed above are included.

Review the Academic Transcript for all needed coursework and GPA (3.0 or above).

Sign below and indicate number of credit hours (3 credit hours minimum).

_____ Advisor’s Signature	_____ Date	_____ Credit Hours
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## Teacher Candidate Information

### Practicum in Your Own Classroom

**Name**

**Bear Number**

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**Home Address**

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**School Name**

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**School Address**

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**Home Phone**

**School Phone**

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**Email Address**

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Are you seeking a:

- Master's Degree
- Endorsement only

I have  passed the Generalist PLACE test and attached the results or

registered to take the PLACE on the following date \_\_\_\_\_ and will send my results to my advisor (fax: 970-351-1061)

***(Note: You must pass the Special Education: Generalist PLACE test prior to registering for EDSE 693.)***

Are you a member of an off-campus cohort?  No  Yes \_\_\_\_\_

Do you hold a valid Colorado Teaching license (not emergency)?  No  Yes (if so, please attach)

## School Agreement Form

To be completed by the principal or special education director

By signing below, I verify that \_\_\_\_\_ is employed as  
 (Teacher candidate's name)  
 a contracted teacher at \_\_\_\_\_. I support the teacher  
 (Name of school/facility)

candidate's practicum at this site.

A requirement of EDSE 693 is observation of programs at age and needs levels different from those at the practicum setting. Six observations are required, each a half day. The teacher candidate will need a minimum of three days of release time in order to complete these observations.

How will these days be provided (please check)?

- The school/facility will provide professional release time
- The district will provide professional release time
- The candidate will use personal leave time
- Other (please explain) \_\_\_\_\_

\_\_\_\_\_  
 (Signature of Principal/Director)

\_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 (Signature of Teacher Candidate)

\_\_\_\_\_  
 (Date)

## Cooperating Teacher Agreement Form

To be completed by the cooperating teacher

Thank you for agreeing to serve as a cooperating teacher for our teacher candidate. You will receive a \$100 stipend for your service. You will be paid after the end of the practicum term. The information you will need is provided in the teacher candidate's Practicum Handbook. *The teacher candidate is responsible for getting this information to you in a timely fashion.* A consultant from the UNC will visit within the first few weeks of the semester. The University Consultant can answer any questions you might have about your role.

In order to serve as a cooperating teacher you must hold a valid Colorado teaching license in one of the following areas: Generalist, Moderate Needs, Severe Needs: Affective, Severe Needs: Cognitive, Profound Needs, Educationally Mentally Handicapped, or Educationally Handicapped. Please give a copy of your license to the teacher candidate. The teacher candidate must submit a copy of your license with this application.

You must also be willing to mentor the teacher candidate throughout the semester. This includes at least 3-5 observations with written and verbal feedback, weekly contact (in person, phone, or email), and completion of the practicum evaluation checklist (provided by the candidate). You may also be asked to help the candidate as needed with instruction, materials, classroom management, and development and implementation of the IEP.

Name	Home or Work Phone
	(H) (W)

Email Address	Area of Endorsement

Signature of Cooperating Teacher	Date

Signature of Principal/Director	Date