



UNIVERSITY OF
**NORTHERN
COLORADO**

School of Special Education
Application for 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) in a special education program.

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. 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 completed 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 exam.

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
- € All signed **Hours Logs** for your 600 Field experiences (Initial Licensure Only)
- € A copy of your cooperating teacher's license
- € A copy of your complete Academic Transcript (available on URSA)
- € 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
Hours

Date

Credit

Teacher Candidate Information

Practicum in Your Own Classroom

Name

Bear Number

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Home Address

School Name

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School Address

Home Phone

School Phone

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Email Address

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I am seeking:

☐ Master's Degree

☐ Endorsement only

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

☐ registered to take the PLACE on the following date _____. **NOTE: A copy of the PLACE exam results must be sent to the Field Experience Coordinator when you receive them.**

(You must pass the Special Education: Generalist PLACE exam 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 programming levels different from those at the practicum setting. Six observations are required, each a half day. The teacher candidate will need a ***minimum of six half 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 or 2 UNC credits 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 week 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 Professional 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 for planning, providing feedback, etc. and completion of the Performance-based Checklist and Professional Disposition Qualities Rubric. 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)
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School Location

Name		Phone
Street		
City	State	Zip code

Email Address	Area of
Endorsement	

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Signature of Cooperating Teacher	Date
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Signature of Principal/Director	Date
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