

UNIVERSITY of
NORTHERN COLORADO



School of Special Education

Application for EDSE 657: Practicum: Deaf/Hard of Hearing

FORM A: PRACTICUM IN A CONTRACTED POSITION

TEACHER CANDIDATE NAME

BEAR #

Instructions for Teacher Candidates

Complete this application if you are a contracted teacher for students who are deaf or hard of hearing (interpreters, paraprofessional, and ASL teaching 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 return it to your advisor before the application deadline. Deadlines are posted on the School of Special Education website. Deadlines are the last week in February for the Fall semester practicum and the last week in September for the Spring practicum. Practicum is not offered during the summer. .

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

Before you can be released to register for EDSE 657, you must have taken all required coursework and you must have full admission to the Professional Teacher Education Program (PTEP). You must pass/provide documentation of the Deaf/Hard of Hearing PLACE/ PRAXIS and you must pass the ASL Sign Proficiency Evaluation.

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 TTE 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 Deaf/Hard of Hearing PLACE/ PRAXIS test (see page 2)
- A copy of your passing results on the UNC ASL evaluation

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 (6 credit hours minimum).

Advisor's Signature

Date

Credit Hours

Teacher Candidate Information

Practicum in a Contracted Position

Name

Bear Number

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Home Address

School Name

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School Address

Home Phone

School Phone

--	--

Email Address

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I have passed the Deaf/Hard of Hearing PLACE/ PRAXIS and have attached the results
or

registered to take the PLACE/PRAXIS on the following date _____ and will
send my results to my advisor (Fax: 970-351-1061)

*(Note: You must pass the Deaf/Hard of Hearing PLACE/PRAXIS test prior
to registering for EDSE 657.)*

I have passed the UNC ASL evaluation and have attached the results or

registered to take the UNC ASL evaluation on the following date _____

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 657 is observation of programs at age and needs levels different from those at the practicum setting. Four observations are required, each a half day. The teacher candidate will need a minimum of two days (four 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 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 contact you within the first few weeks of the semester. The University Consultant can answer any questions you may have about your role.

In order to serve as a cooperating teacher you must hold a valid Professional teaching license (for the state in which you are employed) in one of the following areas: Deaf/Hard of Hearing or Severe Needs: Hearing. 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)

School Location				
Name	Street		City	Phone
State	Zip code			

Email Address	Area of Endorsement

Signature of Cooperating Teacher	Date

Signature of Principal/Director	Date