**Application for Advanced Practicum**

**Special Education: SPED 5560**

**East Tennessee State University**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street, City, State, Zip Code)

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**I am requesting to enroll in SPED 5560 (Advanced Practicum):**

\_\_\_\_\_\_\_ Fall (Deadline: March 1)

\_\_\_\_\_\_\_ Spring (Deadline: October 1)

ETSU Advisor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Focus Area**

\_\_\_\_\_\_ High-incidence Disabilities

\_\_\_\_\_\_ Low-incidence Disabilities

\_\_\_\_\_\_ Early Childhood Special Education

\_\_\_\_\_\_ Other (please list): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Age/Grade Preference**

\_\_\_\_\_\_ Elementary (k-5)

\_\_\_\_\_\_ Middle School (6-8)

\_\_\_\_\_\_ High School (9-12)

\_\_\_\_\_\_ Infants & Toddlers

\_\_\_\_\_\_ Preschool Aged Children

\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Tennessee Licensure (if applicable)**

\_\_\_\_\_\_ Pre K-4 Early Childhood

\_\_\_\_\_\_ K-8

\_\_\_\_\_\_ K-6

\_\_\_\_\_\_ Secondary with concentration in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ K-12 Area of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ Special Education in area of

\_\_\_\_\_\_ Modified \_\_\_\_\_\_ Comprehensive \_\_\_\_\_\_ Early Childhood

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Preferred school system (please rank order your top three):**

***Students who are seeking a school placement must have a Criminal Background Check on file in the College of Education.***

\_\_\_\_\_\_ Johnson City \_\_\_\_\_\_ Washington County \_\_\_\_\_\_ Unicoi County

\_\_\_\_\_\_ Sullivan County \_\_\_\_\_\_ Bristol \_\_\_\_\_\_ Kingsport City

\_\_\_\_\_\_ Elizabethton \_\_\_\_\_\_ Carter County \_\_\_\_\_\_ Johnson County

\_\_\_\_\_\_ Greene County \_\_\_\_\_\_ Greeneville \_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_

**Please provide the following information about field experiences you have completed to date at ETSU:**

|  |  |  |  |
| --- | --- | --- | --- |
| COURSE | SEMESTER | SITE | Type of Setting |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Please check below that you have attached the following documents to your application:**

\_\_\_\_\_\_ Updated Program of Study, signed by your ETSU Advisor

\_\_\_\_\_\_ Copy of your portfolio evaluation form

**Candidate/Student Release Statement**

I give permission for the release of this application to school personnel who may be asked to consider accepting me as an advanced practicum student. To the best of my knowledge, the information contained in this application is true and accurate. If at any time the information given on this application changes, I will notify the Special Education Program at East Tennessee State University.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please sign here

**Submit Applications to: Dr. Lori Marks, Professor**

**Department of Educational foundations and Special Education**

**Box 70547**

**East Tennessee State University**

**Johnson City, TN 37614**

**OR**

**Mailbox in Room 423 in Warf-Pickel Hall**