

**143A Special Education Supplemental Questionnaire**  
**Maureen West, M.A., Supervisor**

Please complete the following information and return it to me today.

Name:

Work Phone:

Best contact time(s):

Home Phone:

Best contact time(s):

E-mail:

Focus of your credential:

Are you an Intern?

Describe your (previous) teaching experience and how long you have been teaching:

Why have you chosen teaching and special education as a profession?

**Preferred days and times to observe:**

**Grade level/area (school/district) where you'd like to observe:**

**School and District where teaching now:**

Address:

Phone #:

Principal:

Grade and Classroom #:

**School where observing:**

Address:

Phone #:

Principal:

Teacher/Grade/Classroom #:

Do you have an evening class (7PM) on Wednesdays? Yes\_\_\_\_ No\_\_\_\_

(continue on the back, if needed)