This requirement for the Education Specialist credential is supervised work with typical children (without disabilities) in a general education classroom for a total of 50 hours. The grade level must match subject matter competency; for example, if a person met subject matter by taking the multiple subject CSET, he/she meets this requirement by working in a general education class in an elementary or middle school. If the person met subject matter by taking the single subject CSET, he/she meets this requirement by working in a high school or in some cases (in which the middle school requires a single subject credential), a middle school.

If an Education Specialist Candidate already holds a Multiple Subject or Single Subject Credential, or has already completed the student teaching courses successfully in those programs in general education, he/she does not complete this requirement.

The Candidate must submit (to the Department of Special Education) a letter from the principal of the school indicating that he/she observed the Candidate in the class, including an evaluation about his/her performance.

The Candidate must also submit (to the Department of Special Education) a letter from the teacher, indicating that he/she worked in the classroom and the role or activities in which the Candidate was engaged in the classroom, along with the 50 Hours of General Education Supervised Field Work form.

The Candidate is encouraged to submit other paperwork such as a lesson plan and documentation of hours.
San Jose State University
Department of Special Education

50 Hours of General Education Field Work

Name: _____________________________________________  Date: _____________________

School in which field work was completed: __________________________________________

District in which field work was completed: _________________________________________

Grade and subject in which field work was completed: _______________________________

Candidate’s School and District: ___________________________________________________
(if you are an Intern)

Program: _____ Mild to Moderate  _____ Moderate to Severe  _____ ECSE

Intern Credential expiration date: _________________________________________________

Check here if this meets specific conditions on your Teaching Credential: ______ (some credentials
specify that the teacher needs to complete

Address: ______________________________________________________________________

Phone: __________________________  email address: ________________________________

Subjects taught: _______________________________________________________________

The following Documents are attached:

____ Letter from the Principal (name: ________________________________)

____ Evaluation from the Principal

____ Letter from Teacher (name: ________________________________)

____ Other (list): ______________________________________________________________

Request Approved: _______

Request Not Approved: _______

Department of Special Education
Faculty signature and date: _________________________________________________

Please submit this form with the items attached to the Department of Special Education Office in Sweeney Hall room 204.

Revised, CH; 11.29.11