



San José State
UNIVERSITY

Department of Special Education, College of Education
One Washington Sq. SH 204, San Jose, CA 95192 -0078
408-924-3700

Practicum Registration Form

Name: _____

Please check one:

EDSE 217A: EDSE 217 B:

Semester you would like to do it: Fall Spring

PLEASE READ THIS SIDE FIRST BEFORE COMPLETING THE 2ND PAGE

For Students requesting 217A:

Have you completed:

❖ The subject matter competence? Yes No

If no, you need to wait to take EDSE217A

If you have a Multiple Subjects or a Single Subject Credential, have you given us a copy?

Yes No

If no, please bring a copy so that we can authorize you to take the practicum.

❖ All coursework for Level 1? Yes No

If no, what remains to be taken? _____

If more than 6 units remain, you will have to postpone taking the practicum until you have satisfied this requirement.

Which do you have: Intern Credential Emergency Permit

Are you a student-teacher? Yes No

❖ Do you need placement? Yes No

If yes or no, please remember that your placement must be in a classroom with students with mild/moderate disabilities. And you must be under the supervision of a teacher credentialed in mil/moderate disabilities or learning disabilities.

For Students requesting 217B:

Have you completed:

❖ 90% of the coursework required for Level II? Yes No

If no, you will have to postpone taking the practicum until you have satisfied this requirement.

❖ Do we have a copy of your Preliminary Credential? Yes No

If no, please bring us a copy so that we can authorize you to take the practicum.

❖ Do you have a Professional Induction Plan on file? Yes No

If no, please meet first with the Level II program coordinator, Dr. Mary Male in SH202.

I understand that I satisfy the requirements to do the practicum I have requested. I also understand that if I have missing documents, I need to provide them before I am assigned a supervisor and given permission to register.

Name: _____ SSN: _____

Address: _____

City: _____ ZIP: _____

Home Phone: (____) _____ E-Mail: _____

District where you are working, or would like to be placed: _____

School where you work: _____
Elementary Middle School High School

Principal/Administrator: _____

Address: _____

City: _____ ZIP: _____

Your classroom number: _____

Direct phone line to your room: _____

Type of placement: Special Day (SDC) Resource (RSP)

Grades: _____

Subjects you teach (or would like to teach if you are a student-teacher):

If you are teaching under contract or an Intern Credential:

Name of support provider, mentor, or coach: _____

And credential(s): _____

If you are doing student-teaching:

Name of master teacher: _____

And credential(s): _____

Class Schedule (Include arrival, departure, breaks, lunch)

TIME	Activity
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Type of Class _____ Grades _____ Subjects _____

School Holiday Dates _____

Known Inservice Dates _____

Other Job Experience (including Subbing) _____

For Scheduling purposes: Other coursework this semester

Course	Day/Time
_____	_____
_____	_____
_____	_____

Map or Directions from SJSU to your school: