

**San Jose State University
College of Education
Department of Special Education**

**Moderate to Severe Disabilities Credential Program
Student Teaching/Supervision Course**

Check One: EDSE 154: _____
EDSE 105 Level II: _____
EDSE 105 Intern: _____

Name: _____ Date: _____

Address: _____ City/Zip: _____

Semester you are requesting to complete the above course: _____

Email: _____ Phone: _____

School Name: (indicate if you need a placement for student teaching) _____

Indicate desired grade level if you need a class for student teaching: _____

Check One: District Class: _____ County Office of Education Class (indicate name): _____

District of the School: _____

Address of the School: _____ City/Zip: _____

School Phone: _____ Your Class Phone: _____

Name of School Principal: _____

School Principal Phone: _____ Email: _____

Special Education Principal or Administrator: _____

Special Ed Principal Phone: _____ Email: _____

Special Education Principal Address: _____

What Grade of Class: _____ How long have you had this position? _____

Support Provider Name (if you are registering for EDSE 154): _____

Support Provider email: _____ Phone: _____

Please provide directions to your classroom on the back of this form. Give this form when completed to Dept of Special Education in Sweeney Hall room 204.