

### Department Application Checklist

	<b>Date</b>
<input type="checkbox"/> Attend a scheduled General orientation	_____
<input type="checkbox"/> Apply <b>ONLINE</b> for admission to SJSU through Graduate Admissions (Send all <b>OFFICIAL</b> transcripts to Graduate Admissions for evaluation)	_____
<input type="checkbox"/> Submit <b>Department Application</b> <ul style="list-style-type: none"><li>○ <b>Clear Education Specialist Teaching Credential Program applicants:</b> complete pages 1 and 4 through 11 (if department does not have these items or they are over 5 years old), and submit your resume, a copy of your Preliminary Education Specialist Credential and a Supervision Course Application form.</li><li>○ <b>Master of Arts in Education program applicants:</b> If you are transferring from the credential program to the MA program, complete only pages 1 and 2 of the Department Application.</li><li>○ Certificate in Autism Spectrum Disorders: Complete the Application on the website</li></ul>	_____
<input type="checkbox"/> Submit Pre-professional Experience Requirement Form	_____
<input type="checkbox"/> Submit three (3) <b>Letters of Recommendations with Recommendation Forms</b>	_____
<input type="checkbox"/> Submit the <b>Dispositions Self-Evaluation Form</b> ( <i>Your signature required</i> )	_____
<input type="checkbox"/> Submit the <b>Plagiarism Tutorial &amp; Test</b> form with a copy of your passing score of <u>90% or better</u> .	_____
<input type="checkbox"/> Submit your current <b>résumé</b>	_____
<input type="checkbox"/> Submit a one page <b>Statement of Purpose</b> about your interest in becoming an Education Specialist and/or obtaining the MA degree	_____
<input type="checkbox"/> Submit <b>CBEST</b> scores <ul style="list-style-type: none"><li>○ (<i>Credential Programs only</i>)</li></ul>	_____
<input type="checkbox"/> Submit proof of meeting <b>Subject Matter Competency</b> requirement (CSET) <ul style="list-style-type: none"><li>○ (<i>Credential Programs only</i>)</li></ul>	_____
<input type="checkbox"/> Submit a copy of your <b>Certificate of Clearance</b> (issued through CTC) <ul style="list-style-type: none"><li>○ Fingerprinting/Certificate of Clearance information: <a href="http://www.sjsu.edu/education/departments/cred_office/credinfo/fpcert_clearance/index.html">http://www.sjsu.edu/education/departments/cred_office/credinfo/fpcert_clearance/index.html</a></li></ul>	_____
<input type="checkbox"/> Submit <b>U.S. Constitution</b> verification (transcripts or test certificate) <ul style="list-style-type: none"><li>○ How to Meet the U.S. Constitution Requirements: <a href="http://www.sjsu.edu/education/departments/cred_office/credinfo/us_req/index.html">http://www.sjsu.edu/education/departments/cred_office/credinfo/us_req/index.html</a></li></ul>	_____
<input type="checkbox"/> The Department staff will contact you to schedule applicant <b>interview</b>	_____

**Department of Special Education**  
Connie L. Lurie College of Education, San Jose State University  
Sweeney Hall 204, One Washington Square,  
San Jose, CA 95192-0078  
(408) 924-3700

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**Department Application**

**Instructions:** Complete this (paper) application to apply for any of the Department of Special Education programs. Submit the application to the Special Education Department Office, Sweeney Hall 204 or mail to the address above.

**Semester for which you are applying:** \_\_\_\_\_

**Have you previously applied to this Department?** Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name MI

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City State Zip Code

( ) ( )  
Area Code Home Phone Area Code Best daytime number to reach you

\_\_\_\_\_  
Email Address (Primary) Email Address (Alternate)

**Application Objective: Check One Box Only**

**Preliminary Education Specialist Teaching Credential Programs**

- Preliminary Credential in Early Childhood Special Education (*w/Intern Option*)
- Preliminary Credential in Mild to Moderate Disabilities (*w/Intern Option*)
- Preliminary Credential in Moderate to Severe Disabilities (*w/Intern Option*)
- Preliminary Credential in Mild to Moderate Disabilities (*for candidates with clear single or multiple subject credential*)
- Preliminary Credential in Moderate to Severe Disabilities (*for candidates with clear single or multiple subject credential*)
- Preliminary Credential in Early Childhood Special Education and Masters of Art Degree
- Preliminary Credential in Mild to Moderate Disabilities and Masters of Art Degree
- Preliminary Credential in Moderate to Severe Disabilities and Masters of Art Degree
- Master of Arts in Education, Emphasis in Special Education
- Concurrent Program with Multiple Subjects Credential
- Concurrent Program with Single Subject Credential
- Added Authorization in Special Education: Early Childhood Special Education
- Clear Education Specialist & Induction Program
- Certificate in Theory, Knowledge, and Practice about Autism Spectrum Disorders
- Masters of Arts in Education with a Concentration in Education

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**Education Specialist Credential Program Applicants:**

Are you interested in becoming an Intern?    Yes \_\_\_\_\_    No \_\_\_\_\_

If Yes, do you have an offer of employment?    Yes \_\_\_\_\_    No \_\_\_\_\_

**Subject Matter Competency: Indicate how you meet this requirement:**  
**(Submit passing scores of all tests with Department Application packet)**

\_\_\_\_\_ Multiple Subject CSET                      Date Met \_\_\_\_\_

\_\_\_\_\_ Single Subject CSET

          Subject: \_\_\_\_\_                      Date Met \_\_\_\_\_

          Subject: \_\_\_\_\_                      Date Met \_\_\_\_\_

\_\_\_\_\_ Multiple Subject Credential              Expiration Date \_\_\_\_\_

\_\_\_\_\_ Single Subject Credential                Expiration Date \_\_\_\_\_

\_\_\_\_\_ (ECSE Only) Child Development Courses: 9 units: Please submit transcripts

          Course: \_\_\_\_\_                      Dates \_\_\_\_\_

          Course: \_\_\_\_\_                      Dates \_\_\_\_\_

          Course: \_\_\_\_\_                      Dates \_\_\_\_\_

**Master of Arts in Education, Concentration in Special Education**

*Please be advised that all candidates are required to take and pass the Department MA Writing Assessment **OR** score at least 4.0 on the Graduate Record Exam(GRE) Analytical Writing Section in order to be considered for admission into the MA Program*

Date of (passing) MA Writing Assessment: \_\_\_\_\_

- Please submit email indicating passing score

Date and score of GRE Analytical Writing Section

*(Please submit GRE scores with the application)*

          Date: \_\_\_\_\_                      Score: \_\_\_\_\_

## Pre-Professional Experience Requirement Form

**All candidates are required to have at least 50 hours of experience working with children or youth, preferably in an educational environment. Use this form to document your pre-professional experience.**

**Instructions:**

1. Print your full name in the space provided below.
2. Ask the supervisor, administrator, manager or Human Resources Department to provide the information requested, including their signature and title/position.
3. Submit completed form with your Department Application packet.

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Candidate's Last Name	First Name	MI
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Name of School/Program	School District/Program
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Candidate's Position	Dates of Service
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**Describe the nature of the pre-professional experience:**

**Supervisor//HR Verification:**

I certify that the above named Candidate served successfully for a minimum of 50 hours in an instructional capacity in the school or program specified above during the dates of service indicated.

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Supervisor/HR <b>Print Name</b>	Position/Title
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Supervisor/HR <b>Signature</b>	(     )	Area Code     Telephone Number
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Verification Date

**Department of Special Education**  
Connie L. Lurie College of Education, San Jose State University  
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**Recommendation Form**

**Candidate's Name:** \_\_\_\_\_  
Print Last Name First MI

The candidate named above is applying for admission to the Department of Special Education at San Jose State University.

1. Please write a letter (on School or District letterhead, if applicable) that highlights this candidate's strengths and experiences related to education and working with students with diverse learning strengths and styles. Attach it to this form.
2. Using the Dispositions Evaluation, provide information about this candidate's skills, knowledge, and dispositions as a potential special educator.
3. Please provide the requested information about yourself below.
4. Submit your written letter of recommendation attached to this Recommendation Form.

Your recommendation letter and comments on this form will help us to better evaluate this candidate's application. We sincerely thank you for your time and cooperation.

---

Print Your Full Name Your Signature

---

Your Position (Job Title, Employing Agency)

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Work Address

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( )  
Area Code Telephone Number Email Address

## DISPOSITIONS EVALUATION

**CANDIDATE NAME:** \_\_\_\_\_

**PROGRAM:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**YOUR NAME:** \_\_\_\_\_

**Directions:** Indicate in the appropriate box (either “YES” or “NO”) with a check mark that reflects the Candidate’s disposition in each area.

- YES** = Acceptable performance or behaviors in this area
- NO** = Not acceptable performance or behaviors in this area

<b>REFLECTIVE PRACTITIONER</b>	<b>YES</b>	<b>NO</b>	<b>Evidence or comment about any “NO” rating:</b>
<b>PROFESSIONAL ETHICS</b> The candidate adheres to standards of ethical conduct including academic integrity and confidentiality.			
<b>COLLABORATION</b> The candidate interacts effectively with colleagues and other adults and collaborates effectively during group activities.			
<b>COMMITMENT TO TEACHING</b> The candidate values the profession of teaching. He or she exhibits a positive attitude and fairness toward schools, teaching, students and parents.			
<b>EMOTIONAL MATURITY</b> The candidate responds to frustration and stress appropriately.			
<b>PROFESSIONAL DEMEANOR &amp; RESPONSIBILITY</b> The candidate is prompt, is not unnecessarily absent, notifies appropriate individuals when absence is necessary, completes assignments on time,			
The candidate dresses appropriately for the situation, maintains appropriate hygiene and wears appropriate attire for teachers in the school.			
The candidate is poised and professional in his or her demeanor.			
The candidate is flexible and able to make adjustments to changing student needs and circumstances.			
<b>PROFESSIONAL FEEDBACK</b> The candidate is receptive and responsive to professional feedback incorporating suggestions into practice.			
<b>SELF-REFLECTION</b> The candidate reflects on and evaluates his or her own behavior and work, considers multiple perspectives of his or her own performance and recognizes his or her own difficulties or deficiencies and develops potential solutions.			

**DISPOSITIONS EVALUATION** *(cont.)*

<b>MULTICULTURALISM AND DEMOCRACY</b>	<b>YES</b>	<b>NO</b>	<b>Evidence or comment about any "NO" rating:</b>
<b>STUDENT FOCUS</b> The candidate demonstrates respect for students as valued and unique individuals.			
<b>COMMITMENT TO DIVERSITY</b> The candidate respects children and adults of varied cultural backgrounds, ethnicities, religions, sexual orientations, social classes, abilities, political beliefs and disabilities.			

<b>LOVE OF LEARNING &amp; STRONG FOUNDATION OF KNOWLEDGE</b>	<b>YES</b>	<b>NO</b>	<b>Evidence or comment about any "NO" rating:</b>
<b>PROBLEM SOLVING</b> The candidate is an active and effective problem solver in courses and in school.			
<b>COMMITMENT TO LEARNING</b> The candidate indicates a curiosity and interest in learning more about students and content areas.			
The candidate seeks out and takes advantage of opportunities for professional growth beyond the minimum expectations of what is required in classes.			

*Adapted from University of Nevada, Reno; College of Education; Ch. 8.1.13; 8.22.16*

Your Signature: \_\_\_\_\_

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

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Print Your Full Name Your Signature

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Your Position (Job Title, Employing Agency)

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<b>MULTICULTURALISM AND DEMOCRACY</b>	YES	NO	<b>Evidence or comment about any "NO" rating:</b>
<b>STUDENT FOCUS</b> The candidate demonstrates respect for students as valued and unique individuals.			
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Print Your Full Name Your Signature

\_\_\_\_\_  
Your Position (Job Title, Employing Agency)

\_\_\_\_\_  
Work Address

( ) \_\_\_\_\_  
Area Code Telephone Number Email Address

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*Adapted from University of Nevada, Reno; College of Education; Ch. 8.1.13; 8.22.16*

Your Signature: \_\_\_\_\_

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

## DISPOSITIONS SELF-EVALUATION

**CANDIDATE NAME:** \_\_\_\_\_

**PROGRAM:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**YOUR NAME:** \_\_\_\_\_

**Directions:** Indicate in the appropriate box (either “YES” or “NO”) with a check mark that reflects your disposition in each area. When completed, read and sign the second page.

- YES** = Acceptable performance or behaviors in this area
- NO** = Not acceptable performance or behaviors in this area

<b>REFLECTIVE PRACTITIONER</b>	<b>YES</b>	<b>NO</b>	<b>Evidence or comment about any “NO” rating:</b>
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I have read and understand that the dispositions outlined in the Dispositions Evaluation are required for candidates in the Department of Special Education. I understand that any faculty member or administrative staff may complete a dispositions evaluation at any time. If I receive a "no" in the evaluation of one (or more) disposition, the Student Review Committee will discuss the issue and either 1) develop and monitor an improvement plan that will be communicated with you, or 2) recommend disqualification from the Department of Special Education.

If I am recommended for an improvement plan, I understand that I must enact this plan and I do not have the right to appeal the improvement plan.

If I am recommended for disqualification, I have the right to appeal the disqualification via a written letter to the Department Chair that will be considered by the Student Review Committee. If my appeal is denied, I will be disqualified from the Department but retain the right to appeal this result via other university appeal processes. If my appeal is approved, I can continue in the Special Education department with an improvement plan.

Applicant Name (please print): \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

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

# Plagiarism Tutorial and Test

**All candidates must complete the SJSU plagiarism tutorial and test prior to submitting the Department application. Please follow the directions below.**

1. Read San Jose State University's policy on Academic Integrity. <http://www.sjsu.edu/senate/S07-2.htm>
  
2. Complete the tutorial and test found on the following link:  
<http://tutorials.sjlibrary.org/tutorial/plagiarism/index.htm>
  
3. Click on *SJSU Students - First Time* and register.
  
4. Go through and complete the tutorial and pass with a 90% or better.
  
5. Print a copy of the score and attach to application packet.

I have completed the Tutorial, understand what plagiarism is, and agree to follow the policy regarding plagiarism. A printed copy of my score is attached.

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Candidate's Signature

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Date