San José State
UNIVERSITY

College of Education
Department of Special Education

Support Provider or Master Teacher Information Sheet

Contact Information

Your Name: _____Today's Date: _____

You are supporting: (Name of teacher): _____

Check one: Intern: _____ Level I teacher: _____ Student Teacher: _____

Please indicate the credential preparation program:

____Early Childhood Special Education
____Mild/Moderate Disabilities
____Deaf and Hard of Hearing
____Moderate/Severe Disabilities

Your Home Address_____

Telephone_____ Email Address_____

School District/NPS/COE:_____

Name of School: _____Phone Number: _____

School Address: _____

Professional Preparation

Area of Experience: (Please check as many as appropriate; indicate years of experience next to each)

Special Education:

____Mild/Moderate Disabilities
____Moderate/Severe Disabilities
____Deaf and Hard of Hearing Disabilities
____Early Childhood Special Education
____Learning Handicap
____Severely Handicap
____Communication Handicap

General Education:

____Multiple Subject
____Single Subject
____CLAD
____Elementary
____Secondary

California Teaching Credential(s): Please indicate the credentials that you hold:

_____ _____

_____ _____

Do you have a Master Degree? Yes: ___No ____ If yes, please indicate the following:

Area _____ Institution _____

Please describe briefly your experience supporting, coaching, and/ or supervising student-teachers and /or teachers:

Send the completed application to: San Jose State University; Department of Special Education; One Washington Square; San Jose, CA 95192-0078; Fax number: (408) 924-3701

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