SJSU SAN JOSÉ STATE UNIVERSITY

San José State University
Connie L. Lurie College of Education
Department of Special Education

One Washington Square
Sweeney Hall 204
San Jose, CA 95192-0078

Tel.: (408) 924-3700
Fax: (408) 924-3701
www.sjsu.edu/specialed

SUPERVISION COURSE APPLICATION

TODAY'S DATE: _____ MM/DD/YYYY

TERM APPLYING FOR: ☐ FALL ☐ SPRING YEAR: 20 ____

LAST NAME _____ FIRST NAME _____ MI _____ SJSU STUDENT ID# _____

EMAIL ADDRESS _____ ( ) — CELL PHONE

PROGRAM INFORMATION (Please check the appropriate box in each category.)

TRACK:
☐ INTERN – Must be in Intern Program in own classroom. No short term permit or waiver placements allowed.
☐ STUDENT TEACHER (Non-intern) Please attach a copy of your unofficial transcript and certificate of clearance
☐ By checking this box, I am agreeing to allow my resume to be sent to potential placement sites.

COURSE: (CHECK ONE)
☐ EDSE 154 ☐ EDSE 234 ☐ EDSE 105 ☐ EDSE 217A ☐ EDSE 217B ☐ EDSE 217D

CONCENTRATION: (CHECK ONE)
☐ Early Childhood Special Education
☐ Mild to Moderate Disabilities Program
☐ Moderate to Severe Disabilities Program

INTERN/ CLEAR STUDENTS: Name of current school: _____

STUDENT TEACHER: If applicable, state preferred school: _____

☐ SCHOOL DISTRICT / ☐ NON-PUBLIC SCHOOL / ☐ CHARTER SCHOOL ☐ COUNTY OFFICE OF EDUCATION: _____

SCHOOL ADDRESS: _____
STREET ADDRESS CITY STATE ZIP

SCHOOL PHONE: ( ) — **CLASS PHONE:** ( ) —

PRINCIPAL NAME: _____ **PRINCIPAL PHONE:** ( ) —

SPECIAL EDUCATION PRINCIPAL OR ADMINISTRATOR: _____
(THIS MAY BE DIFFERENT THAN THE SCHOOL PRINCIPAL.)

SUPPORT PROVIDER NAME: _____ **EMAIL:** _____
(FOR INTERNS ONLY)

PREFERRED AGE OR GRADE LEVEL: _____ **NAME OF PREFERRED MASTER TEACHER:** _____
(FOR PRELIMINARY STUDENTS ONLY) (IF APPLICABLE)

IS DIRECTED TEACHING YOUR LAST CLASS? ☐YES ☐NO (Directed Teaching can only be taken in your final semester prior to filing for a credential with CTC.)

If no, please list the other courses that you intend to be enrolled in at the same time as Directed Teaching:

_____

DEPARTMENT USE ONLY Supervisor Name: _____ Date Supervisor Emailed: _____

INTERNS/CLEAR:

Is student eligible for Directed Teaching? ☐ YES ☐ NO Eligible for permission codes? ☐ YES ☐ NO Date permission code sent: _____

Did student include copy of Intern or Level I Credential? ☐YES ☐NO If yes, what is the expiration date?: _____

PRELIMINARY NON-INTERN or STUDENT TEACHER:

School District: _____ School Name & Address: _____

Confirmation Date: _____ Start Date: _____ Principal Name: _____

Teacher Name: _____ Phone: _____ Email: _____

COMMENTS:

Revised: 9/27/17 ph