

# 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:** (CHECK ONE)  INTERN  
 LEVEL II Level II is only for those who have completed Level I. **Please attach a copy of your Level I Credential with this application.**  
 Non-Intern (Student Teacher) **Please attach a copy of your unofficial transcripts, certificate of clearance, and current resume with this application.** \*By checking this box, I am agreeing to allow my resume to be sent to potential placement sites.

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

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

INTERN/LEVEL II/ CLEAR STUDENTS: Name of current school : \_\_\_\_\_

STUDENT TEACHER: If applicable, state preferred\* school: \_\_\_\_\_

SCHOOL DISTRICT /  NON-PUBLIC SCHOOL /  CHARTER SCHOOL COUNTY OFFICE OF EDUCATION: \_\_\_\_\_

*\*PRELIMINARY STUDENTS: The department will automatically secure each student a placement, but students are welcome to request or suggest specific or preferred sites.*

**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:**  
 School District: \_\_\_\_\_ School Name & Address: \_\_\_\_\_  
 Confirmation Date: \_\_\_\_\_ Start Date: \_\_\_\_\_ Principal Name: \_\_\_\_\_  
 Teacher Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**COMMENTS:**  
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