SJSU SAN JOSÉ STATE UNIVERSITY

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

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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 Interns are those currently enrolled in EDSE 105 or EDSE 105X. Please attach a copy of your **Intern Credential** with this application.
— *Are you applying to be placed in EDSE 105 for the first time?* ☐ YES ☐ NO (EDSE 105 is required for the first semester of an internship.)

☐ 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.

☐ PRELIMINARY Please attach a copy of your unofficial transcripts, certificate of clearance, and current resume with this application.

COURSE: (CHECK ONE) *Please refer to course roadmap.*
☐ EDSE 154 ☐ EDSE 217A ☐ EDSE 234 ☐ EDSE 217B

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

INTERN/LEVEL II STUDENTS: Provide the name of current school site: _____

PRELIMINARY STUDENTS: If applicable, state preferred* school site: _____

☐ SCHOOL DISTRICT / ☐ NON-PUBLIC 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/LEVEL II:

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: