



**Department of Special Education**  
 Connie L. Lurie College of Education, San Jose State University  
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## Collaborative Intern Program

### SUPPORT PROVIDER APPLICATION

Requirements for qualification as a Support Provider:

- Valid corresponding Clear or Life Credential
- Three years successful teaching experience
- EL Authorization

A Support Provider for the Collaborative Intern Program is assigned to mentor an Intern during his/her first years of the internship. Please provide the information below to apply to be a Support Provider and attach your resume and a copy of your teaching credential(s).

**Name of Intern:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

#### Support Provider Contact Information

Support Provider Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

#### Professional Preparation

Area(s) of Experience: *(Please indicate how many years of experience in each area)*

Special Education:

\_\_\_\_\_ Mild/Moderate Disabilities    \_\_\_\_\_ Moderate/Severe Disabilities    \_\_\_\_\_ Early Childhood Special Education  
 \_\_\_\_\_ Communication Handicap    \_\_\_\_\_ Learning Handicap    \_\_\_\_\_ Severely Handicap  
 \_\_\_\_\_ Other: \_\_\_\_\_

General Education:

\_\_\_\_\_ Multiple Subject    \_\_\_\_\_ Single Subject    \_\_\_\_\_ CLAD    \_\_\_\_\_ Elementary    \_\_\_\_\_ Secondary

#### California Teaching Credential(s)

Please indicate the credential(s) that you hold and attach a copy of each: \_\_\_\_\_

Do you have a Master Degree?     Yes     No

If yes, which institution: \_\_\_\_\_

Master Degree: \_\_\_\_\_

**6.12.14.CH**

*Your signature declares your intent to be a Support Provider with the SJSU Collaborative Intern Program.*

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

Please return this form to the Department of Special Education to the address provided above.