



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

Name: _____ **SJSU ID #:** _____

Internship Semester: Fall Spring 20____ **Today's Date:** _____

Program Objective: Mild-Moderate Moderate-Severe ECSE

Employment Information:

Name of School: _____

School District: _____

Non-Public School (NPS): _____

Employment Start Date: _____

Please attach a copy of your unofficial transcripts.

My signature below indicates that I understand and meet the requirements to be in the Collaborative Intern Program. I understand that failure to meet the requirements will make me ineligible for an internship.

Signature: _____ Date: _____

Pre-Service Hours Evaluation (to be completed by Intern Coordinator):

	Institution	Course name and number	Grade
Classroom management and Planning			
Developmentally appopr. teaching practices			
Pedagogy			
Teaching English learners			
Communication skills including reading			
Other:			

Intern Coordinator Signature: _____ Date: _____