



San José State
UNIVERSITY

College of Education
Department of Special Education

Support Provider or Master Teacher Information Sheet

Contact Information

Your Name: _____ Today's Date: _____

You are supporting: (Name of teacher): _____

Check one: Intern: _____ Level I Teacher: _____ Student Teacher: _____

Please indicate the credential preparation program:

____ Early Childhood Special Education ____ Deaf and Hard of Hearing
____ Mild/Moderate Disabilities ____ Moderate/Severe Disabilities

Your Home Address _____

Telephone _____ Email Address _____

School District/NPS/COE: _____

Name of School: _____ Phone Number: _____

School Address: _____

Professional Preparation

Area of Experience: (Please check as many as appropriate; indicate years of experience next to each)

Special Education:

____ Mild/Moderate Disabilities ____ Learning Handicap
____ Moderate/Severe Disabilities ____ Severely Handicap
____ Deaf and Hard of Hearing Disabilities ____ Communication Handicap
____ Early Childhood Special Education

General Education:

____ Multiple Subject ____ Elementary
____ Single Subject ____ Secondary
____ CLAD

California Teaching Credential(s): Please indicate the credentials that you hold:

Do you have a Master Degree? Yes: ____ No ____ If yes, please indicate the following:

Area _____ Institution _____

Please describe briefly your experience supporting, coaching, and/ or supervising student-teachers and /or teachers:

Send the completed application to: San Jose State University; Department of Special Education; One Washington Square; San Jose, CA 95192-0078; Fax number: (408) 924-3701

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