



Department of Special Education
 Connie L. Lurie College of Education, San Jose State University
 Sweeney Hall 204, One Washington Square
 San Jose, CA 95192-0078
 (408) 924-3700

Supervision Course Application

Directed Teaching: Level II Teacher

(use this form if you are employed as a Level II teacher)

Today's Date: _____ Semester: Fall _____ Spring _____ Year _____

 Last Name First Name MI SJSU Student ID Number

 Email Address Area Code Best daytime number to reach you

Program: (Check one)

_____ EDSE 217B:M/M _____ EDSE 234:M/S _____ EDSE 234: ECSE _____ EDSE 234: DHH

Level II Candidates:

1. Name of School & district: _____
2. School Address: _____ City/Zip: _____
3. School Phone: _____ Class Phone _____
4. Principal name: _____ Principal Phone: _____
5. Special Education Principal/Administrator: _____

(This may be different than School Principal)

Please attach a copy of your Level I Credential

Is Directed Teaching your last class? _____ Yes _____ No

(If no, what other courses are you enrolled in with Directed Teaching? Please list.)

DEPARTMENT USE ONLY:

Is student eligible for Directed Teaching: _____

Has student included copy of Level I credential: _____

When does Level I Credential expire: _____

Eligible for Permission Codes: _____ Yes _____ No Dates Permission Codes Sent: _____

Supervisor: _____ Date Supervisor Emailed: _____

Directed Teaching should be your final course before you file for your credential with the California Commission on Teacher Credentialing. After the semester is over and grades have posted please request your Program Planning Guide from the Special Education Department.