

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

Supervision Course Application

Today's Date _____ Request for directed teaching in Semester: _____

Course: _____ Program: _____

Name: _____ Student ID: _____

Address: _____ City/Zip: _____

Email: _____ Cell Phone: _____

Type of Directed Teaching: (check one) STUDENT TEACHER INTERN

STUDENT TEACHER:

1. Preferred age or grade level: _____
2. Preferred location of school: _____
3. Name of Master Teacher you would prefer to work with: _____
School and District Name: _____
4. Placement:
School: _____ District: _____
Date Confirmed: _____ Teacher: _____
Phone/Email: _____ Principal: _____

Please do ALL of the following:

- Attach a valid Certificate of Clearance/Credential/30-Day Sub with dates to this application
- Attach your unofficial SJSU transcripts (<http://my.sjsu.edu>)
- Send a copy of your current resume to sjsu.specialed@yahoo.com in PDF format

INTERN DIRECTED TEACHING OR LEVEL II CANDIDATE:

1. Name of School: _____
2. Address of the School: _____ City/Zip: _____
3. School Phone: _____ Class Phone: _____
4. Name of School Principal: _____
5. School Principal Phone: _____ Email: _____
6. Special Education Principal/Administrator: _____