



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

Collaborative Intern Program

SUPPORT PROVIDER APPLICATION

A Support Provider for the Collaborative Intern Program is assigned to assist an Intern during his/her first semester of the internship. You have been selected to be a Support Provider due to your experience in supporting, coaching, and/or supervising student teachers and/or teachers. Please provide the information below to apply to be a Support Provider.

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
 Deaf/Hard of Hearing Learning Handicap Severely Handicap
 Communication Handicap Other: _____

General Education:

Multiple Subject Single Subject CLAD Elementary Secondary

California Teaching Credential(s)

Please indicate the credential(s) that you hold: _____

Do you have a Master Degree? Yes No

If yes, which institution: _____

Master Degree: _____

Please attach a resume to this application and sign below to verify the information given above. 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.