**Application for Advanced Practicum**

**Special Education: SPED 5560**

**East Tennessee State University**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street, City, State, Zip Code)

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**I am requesting to enroll in SPED 5560 (Advanced Practicum):**

\_\_\_\_\_\_\_ Fall (Deadline: March 1)

\_\_\_\_\_\_\_ Spring (Deadline: October 1)

ETSU Advisor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Focus Area**

\_\_\_\_\_\_ High-incidence Disabilities

\_\_\_\_\_\_ Low-incidence Disabilities

\_\_\_\_\_\_ Early Childhood Special Education

\_\_\_\_\_\_ Other (please list): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Age/Grade Preference**

\_\_\_\_\_\_ Elementary (k-5)

\_\_\_\_\_\_ Middle School (6-8)

\_\_\_\_\_\_ High School (9-12)

\_\_\_\_\_\_ Infants & Toddlers

\_\_\_\_\_\_ Preschool Aged Children

\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Tennessee Licensure (if applicable)**

\_\_\_\_\_\_ Pre K-4 Early Childhood

\_\_\_\_\_\_ K-8

\_\_\_\_\_\_ K-6

\_\_\_\_\_\_ Secondary with concentration in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ K-12 Area of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ Special Education in area of

\_\_\_\_\_\_ Modified \_\_\_\_\_\_ Comprehensive \_\_\_\_\_\_ Early Childhood

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Preferred School System** (If you are requesting placement in a school, please rank order your top three school systems):

*Students who are seeking a school placement must have a Criminal Background Check on file in the College of Education.*

\_\_\_\_\_\_ Johnson City \_\_\_\_\_\_ Washington County \_\_\_\_\_\_ Unicoi County

\_\_\_\_\_\_ Sullivan County \_\_\_\_\_\_ Bristol \_\_\_\_\_\_ Kingsport City

\_\_\_\_\_\_ Elizabethton \_\_\_\_\_\_ Carter County \_\_\_\_\_\_ Johnson County

\_\_\_\_\_\_ Greene County \_\_\_\_\_\_ Greeneville \_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_

**Non-School Organization**

The SPED 5560 Practicum can be completed in a non-school organization that serves individuals with disabilities. If you desire a non-school placement, please indicate the following:

**Name of the Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ETSU Advisor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(Note: The non-school practicum must be approved by your special education advisor prior to submitting this application. You and/or your advisor are responsible for contacting the non-school organization and making arrangements for the practicum placement.)*

**SPED 5560 is a 90-hour practicum. Please indicate the days and times that you would like to complete you practicum hours. Plan for at least 9 hours per week.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 8:00-9:00 | 9:00-10:00 | 10:00-11:00 | 11:00-12:00 | 12:00-1:00 | 1:00-2:00 |
| **Monday** |  |  |  |  |  |  |
| **Tuesday** |  |  |  |  |  |  |
| **Wednesday** |  |  |  |  |  |  |
| **Thursday** |  |  |  |  |  |  |
| **Friday** |  |  |  |  |  |  |

**Please provide the following information about field experiences in special education you have completed to date at ETSU:**

|  |  |  |  |
| --- | --- | --- | --- |
| COURSE | SEMESTER | SITE | Type of Setting |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Candidate/Student Release Statement**

I give permission for the release of this application to school personnel who may be asked to consider accepting me as an advanced practicum student. To the best of my knowledge, the information contained in this application is true and accurate. If at any time the information given on this application changes, I will notify the Special Education Program at East Tennessee State University.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please sign here*

**Submit Applications to: Dr. Lori Marks, Professor**

**Department of Educational foundations and Special Education**

**Box 70547**

**East Tennessee State University**

**Johnson City, TN 37614**

**OR**

[**marks@etsu.edu**](mailto:marks@etsu.edu)

**OR**

**Mailbox in Room 423 in Warf-Pickel Hall**