

SPECIAL EDUCATION CLINICAL PRACTICE APPLICATION

Placement requests are due by **October 1** for spring placement; **March 1** for summer and fall placement
(the semester preceding placement)

Name _____ UAF ID # _____ Phone _____

Address _____ City/State/Zip _____

Email _____

Semester for which you are requesting to do clinical practice/internship: _____

Which course (s) do you want to enroll in? _____ **EDSE F678 Initial Clinical Practice**
_____ **EDSE F680 Clinical**

If you **do not** have your own special education classroom, and you have a preference, please respond to the following:

1. What age group would you prefer to work with?
2. What disability group would you prefer to work with?
3. In which school district would you prefer to do clinical practice?
4. For urban schools (e.g., Fairbanks, Anchorage, Wasilla, etc.), what part of town would you prefer to work?
5. Are there any other considerations in finding you a placement?

DO NOT attempt to find your own clinical practice placement. We must follow district protocols. You will not be able to do the clinical practice/internship unless you have completed the following requirements:

- ___ Alaska approved Basic Competency Exam (see SPED Handbook Appendix or Alaska DEED, <https://education.alaska.gov/TeacherCertification/> for accepted tests)
- ___ Alaska approved Subject Matter Competency Exam (see SPED Handbook Appendix or AK DEED, <https://education.alaska.gov/TeacherCertification/> for accepted tests)
- ___ Valid general education certificate or accepted equivalent (**not** applicable to initial licensure candidates)
- ___ Hire through Special Education Alternate Certification or Student Teaching Authorization along with a new finger print clearance and background check (see page 2)
- ___ **All** requisite courses completed (see page 2)

Clinical Practice is completed at the end of the certificate program. Initial certification candidates need to complete EDSE F678 Initial Clinical Practice. All candidates (initial certification and endorsement) are required to enroll in EDSE F680 Special Education Clinical Practice. Candidates must successfully complete both courses with a grade no lower than a 'B' in order for the university to recommend them for certification.

Check (✓) the classes below, which you have completed with a minimum grade of a 'B.'

EDSE F610 Assessment of Students with Exceptionalities	_____
EDSE F612 Curriculum, Management, and Strategies I: Low Incidence	_____
EDSE F622 Curriculum, Management, and Strategies II: High Incidence	_____
EDSE F625 Teaching Mathematics to Special Learners	_____
EDSE F632 Special Education Law: Principles and Practices	_____
EDSE F677 English/Language Arts Assessment, Curriculum, and Strategies for Special Learners	_____

One of the following:

EDSE F605 Early Childhood Special Education	_____
EDSE F624 Social/Emotional Development, Assessment, and Intervention	_____
EDSE F633 Autism and Other Developmental Disabilities: Communication and Social Interventions	_____
EDSE F640 Culturally Responsive Collaboration: Working with Parents, Colleagues, and Paraprofessionals	_____
EDSE F642 Autism Spectrum Disorders and Other Developmental Disabilities: Social and Behavioral Interventions	_____
EDSE F648 FASD: Diagnosis, Interventions, and Strategies	_____

What approved Multicultural Education/Cross Cultural Education course have you taken?

What approved Alaska Studies course have you taken? _____

Please Note: Placement requests are due by October 1 for spring placement; March 1 for summer and fall placement (the semester preceding placement). Note: EDSE 680 is not available in the summer. Submit your request to the School of Education, Graduate Program. Also, be aware that unless you have a special education alternative certificate, you will need to complete a Student Teaching Authorization form along with fingerprinting for the State Department of Education. Individual school districts may have additional requirements and timelines. Contact Dr. Joanne Healy (jhealy7@alaska.edu) for this information.

(For Special Education Department Use Only)

Approved Placement at _____

Cooperating Teacher _____

Denied _____ Reason: _____

Field Experience Coordinator's Signature

Date

Clinical Practice/Student Teaching Informed Consent Agreement

CLINICAL PRACTICE/STUDENT TEACHING INFORMED CONSENT AGREEMENT

1. I will complete the Clinical Practice Request form the preceding semester (October 31 for spring placement; March 1 for summer and fall placement) before I intend to do clinical practice (EDSE 678 and EDSE 680). Additionally, if I do not possess an Alaska Special Education Type A certificate and alternative special education certification, I will complete the necessary background check forms (e.g., fingerprinting, student teaching authorization) for clinical practice. Note: This background check is different than the one required for fieldwork.
2. I will abide by the host school district's rules and regulations.
3. I will be on time for clinical practice seminars (EDSE 678 and EDSE 680), clinical practice in the classroom, district professional development activities, parent conferences, IEP meetings other activities.
4. If student teaching in the Fairbanks North Star Borough School District, I understand that I must attend a one-day substitute teacher training and that I may be called upon to substitute teach (with pay). This may not be a requirement for student teaching in other districts.
5. In case of illness or unavoidable absence, I will notify the school and/or supervising teacher as well as the university supervisor before the beginning of the school day.
6. I accept responsibility for completing assignments from university courses and from the host teacher/school by the times specified.
7. I have read and will abide by the State of Alaska, Code of Ethics of the Education Profession (<http://education.alaska.gov/teachercertification/20aac10.html>) or the codes of conduct and ethics from other states where I may be doing clinical practice.
8. I will conduct myself in a professional manner at all times.
9. I will preserve the confidentiality of all activities and relationships that are part of my clinical practice/student teaching. I understand that I may be required by law to disclose certain information. I may also discuss, in a professional manner, situations or problems that may arise in the schools with my university faculty as part of my teacher education program.
10. I recognize that school districts are not obliged to accept a student teaching candidate or candidates. They allow candidates in their schools as a courtesy and may choose, for unknown reasons, to deny some candidates.
11. I recognize that clinical practice/student teaching is a privilege and that if I violate any district or university policies or if my performance is deemed unsatisfactory, my placement can be revoked.
12. I understand that the university will remove a student teacher/intern if the district deems it in the best interest of students and the school.
13. I understand and accept the fact that there can be physical risks associated in working with some students who have disabilities. Such risks include being scratched, hit, kicked, and bit. Furthermore, in light of these risks I understand the importance of being current on tetanus and hepatitis vaccinations.

Name: _____ Date _____