



DEPARTMENT OF EDUCATIONAL
PSYCHOLOGY & SPECIAL EDUCATION

COLLEGE OF EDUCATION
GEORGIA STATE UNIVERSITY

PRACTICUM APPLICATION
Program in Multiple and Severe Disabilities

Application Information

1. In order to register for practicum, you must:
 - a. have taken the special education courses needed for certification and/or your degree. (Methods courses must be taken at GSU)
 - b. have a 3.0 GPA for your teaching field courses.
 - c. if you are not currently employed as a certified teacher, you must show proof of Tort Liability Insurance.
2. Obtain and complete your application from the secretary in the Department of Educational Psychology and Special Education Office. Applications must be filed by the following dates:

Fall semester - no later than April 15
Spring semester - no later than October 15
3. Submit your completed application for approval to:

Dr. Alberto: Mental Retardation (EXC 7925 or EXC 7935)
Dr. Heller: Physical & Health Disabilities (EXC 7927 or EXC 7937)
Dr. Steed: Early Childhood Special Education (EXC 7929 or EXC 7939)
Dr. Heflin: Autism (Behavior Disorders) (EXC 7926 or EXC 7936)
Dr. Easterbrooks: Deaf/Hard of Hearing) (EXC 7920, 7930, 7940)
4. If you withdraw your application at any time, you must submit another application according to established deadlines.

(TURN OVER)

**DEPARTMENT OF EDUCATIONAL PSYCHOLOGY
AND SPECIAL EDUCATION**
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To be completed by all applicants. A copy of this form will be sent to the school system in which you have your practicum experience.

Last Name *First Name* *Middle* *Panther Number*

Street Address *City* *State* *Zip*

Home Phone *Business Phone* *E-mail*

Special Education Advisor: _____

Semester you are applying for: ___Fall, 20___, ___Spring, 20___, ___Summer, 20___

Type of Placement Requesting ___On-the-job Practicum ___I require a placement by the department

Area in which you are seeking certification:

If applying for On-the-job placement, please complete the following. Note: Please attach a copy of a map to your school.

Name of School *School Address* *School District*

School Phone *Special Education Supervisor*

Principal's Name *Type of class you teach*

**In consultation with your advisor, write the course number you are applying for:
Please read the following and sign in the designated place.**

The practicum supervisor has the authority to withdraw a student from a classroom experience if the student's performance constitutes a deterrent to the students in the class. If such removal is necessary, the student will be given an "F" for the course(s).

I understand that the information on this form will be forwarded to school systems where practicum placement is sought for me. I certify that the information given on this form is correct.

Student Signature *Date*

The practicum as requested above is: ___Approved ___Disapproved

Advisor's Signature *Date*