School of Special Education
<u>Application for EDSE 657: Practicum: Deaf/Hard of Hearing</u>
FORM B: PRACTICUM IN A LICENSED TEACHERØS CLASSROOM

_____   _____

TEACHER CANDIDATE NAME   **BEAR #**

Instructions for Teacher Candidates
Complete this application if you are *not* a contracted teacher and would like UNC to coordinate a placement for you. If you have a contracted teaching position and would like to complete your practicum in your own classroom or as an itinerant teacher, complete Form A instead.

Complete all 3 pages of this application and return it to your advisor before the application deadline. Deadlines are posted on the School of Special Education website. Deadlines are the last week of February for Fall semester

Teacher Candidate Information

Name   **Bear Number**

Home Address

Home Phone   **Work Phone**

Email Address

I have   passed the Deaf/Hard of Hearing PLACE/ PRAXIS test and <u>have attached the results</u> or

registered to take the PLACE/Praxis on the following date _____ and <u>will send my results to my advisor </u>(Fax: 970-351-1061)

(Note: You must pass the Deaf/Hard of Hearing PLACE/ PRAXIS test prior to registering for EDSE 657.)

I have   passed the UNC ASL evaluation and <u>have attached the results</u> or

registered to take the UNC ASL evaluation on the following date _____

Do you hold a valid Colorado Teaching license (not emergency)?   No   Yes (if so please attach)

Placement Information

I would prefer to be placed in   an elementary school

                                       a middle school/junior high

                                       a high school

                                       Itinerant

Please indicate your first and second choices for school districts. If you have a specific school or teacher with whom you would like to be placed please indicate that, as well. UNC will contact the appropriate people to coordinate placement. Students are NOT to contact teachers, schools or districts to set up a placement.

First Choice

School Name (optional)

School City	**School District/BOCES**

Cooperating Teacher Name (optional)

Second Choice

School Name (optional)

School City	**School District**

Cooperating Teacher Name (optional)

Are there any other factors we need to consider when coordinating your placement?

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_____
_____
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