APPLICATION FOR EXTERNSHIP: Special Education SPECIAL EDUCATION – GENERAL EDUCATION (SEDP 700)

IF YOU DO NOT HOLD A PROVISIONAL OR COLLEGIATE PROFESSIONAL TEACHING LICENSE, THIS APPLICATION MUST BE ACCOMPANIED BY ONE COPY OF YOUR RESUME, YOUR TUBERCULOSIS TEST RESULTS, AN UNOFFICIAL COPY OF YOUR TRANSCRIPT, AND A COPY OF YOUR **PASSING SAT, ACT and VCLA test SCORES**. If you hold a Professional Collegiate Teaching

SPECIAL EDUCATION EXTERNSHIP

DUE DATE September 1st for the Spring

February 1st for the Fall

Revised December 2019

License in Virginia and are doing your externship on the job, all you will need to do is attach a copy of your license and VCLA scores to this application. If you hold a provisional license and are doing your externship on the job, you only need to submit a copy of your test scores and a copy of your license with this application.

All parts of the application and accompanying documents must be typed or written legibly.

S	tudent V#:	
(CITY)	(STATE)	(ZIP)
	GPA	
HELD:		
OVISIONAL	POSTGRADUATE F	PROFESSIONAL
SPRING	SUMMER	YEAR
(-5) Middle S	chool (6-8) High S	chool (9-12)
TE" EXTERNSHI	P PLACEMENT: YES	NO
ION SUBMITTEI)	
	-	
Ema	il address:	
ments:		
	(CITY) HO:	HOME TELEPHONE GPA HELD: DVISIONAL POSTGRADUATE F SPRING SUMMER

Licensure Eligibility Confirmation (Background questions – adopted from VDOE licensure application, July 2018)

PLEASE READ CAREFULLY AND CHECK Y (yes) or N (no)	Y	Ν	
Have you ever been convicted of, or entered a plea of guilty or no contest to, a felony?			
Have you ever been convicted of, or entered a plea of guilty or no contest to, a criminal offense in another			
country?			
Have you ever been convicted of, or entered a plea of guilty or no contest to, a misdemeanor involving a child			
(minor) or a student?			
Have you ever been convicted of, or entered a plea of guilty or no contest to, a misdemeanor involving drugs			
or alcohol?			
Have you ever been the subject of a founded complaint of child abuse or neglect by a child protection			
agency?			
Have you ever had a teaching, administrator, pupil personnel services, or other education-related certificate			
or license revoked, suspended, invalidated, cancelled, or denied by another state, territory, or country;			
surrendered such a license or the right to apply for such a license; or had any other adverse action taken			
against such a license? Please note: This includes a reprimand, warning, or reproval and any order denying the			
right to apply or reapply for a license.			
Are you currently the subject of any review, inquiry, investigation, or appeal of alleged misconduct that			
could warrant discipline or termination by a school division or other education-related employer or an			
adverse action against a teaching, administrator, pupil personnel services, or other education-related license			
or certificate? <u>Please note</u> : This includes any open investigation by or pending proceeding with a child protection			
agency and any pending criminal charges.			
Have you ever left any education-or school-related employment, voluntarily or involuntarily, under any of			
the following circumstances: (1) while the subject of a review, inquiry, investigation, or appeal of alleged			
misconduct; (2) when you had reason to believe a review, inquiry, investigation or appeal of alleged			
misconduct was under way or imminent; or (3) while any administrative or judicial proceeding involving and			
allegation of misconduct was pending, eligible for appeal, or under appeal? Please note: This includes any open			
investigation by or pending proceeding with a child protection agency and any pending criminal charges.			
	L		
Permission to Release confidential information:			

I, _ (print full name), am aware of and agree to the forwarding of my email, application, personal statement, transcript, TB results, and background check payment (if applicable) for the purpose of securing internship/student teaching placement(s) in a school(s) in one or more of the following school division(s): Henrico, Chesterfield, Hanover or Richmond.

Student's Signature_____ Date _____

Advisor's Signature _____ Date _____

DO NOT WRITE BELOW THIS LINE-APPROVED SCHOOL DIVISION/AGENCY USE ONLY

SITE SUPERVISOR/PRINCIPAL

DATE

AGENCY

_ . _ . _ . _ . _

SUPERVISINGTEACHER/COUNSELOR.ADMINISTRATOR

DATE

COORDINATOR

Return to:

VCU School of Education - Student Services Center P.O. Box 842020, Room 1037 Richmond, VA 23284-2020

Revised December 2019