Department of Special Education

STUDENT TEACHING APPLICATION

Spring semester …. due September 28
Fall semester …….. due February 28

Name _____ Semester Intending to Student Teach _____

Only complete applications will be accepted by deadline. Students who complete their application after the deadline will be placed on a Wait List. Wait listed applicants will be approved for student teaching only if funds are available.

STEP #1: Download your unofficial transcript from the SFSU website – "MySFSU", and complete the Credential Approved Program (CAP) form. Credential course requirements may be reviewed at www.sfsu.edu/~spedcd.

STEP #2: Arrange to meet with your Advisor to review your transcripts. Bring the CAP form and your student teaching application for authorization by your Advisor.

STEP #3: Identify you credential objective below. **Check (√) preconditions met, and attach copies of evidence for each precondition that you have met for your credential, even if you have submitted these materials at an earlier date**. Applications without all documents of evidence attached will be considered incomplete and will be rejected.

PRELIMINARY LEVEL I, EDUCATION SPECIALIST	
❑ Deaf/Hard of Hearing (D/HH) ❑ Mild/Moderate Disabilities (M/M) ❑ Moderate/Severe Disabilities (M/S) ❑ Physical and Health Impairments (PHI) ❑ Visual Impairments (VI)	❑ Early Childhood Special Education (ECSE)
Preconditions: __ Credential Approved Program (CAP) __ CBEST Result __ TB Test Result __ Subject Matter Competency, Test result or Waiver __ COC - Certificate of Clearance: fingerprint or copy of current credential. A fee payable to the CCTC is applicable.	**Preconditions**: __ Credential Approved Program (CAP) __ CBEST Result __ TB Test Result __ COC - Certificate of Clearance: fingerprint, or copy of current credential. A fee payable to the CCTC is applicable.

CLINICAL REHABILITATIVE SERVICES	
❑ Orientation & Mobility (O&M) ❑ Language, Speech, & Hearing (LSH) ❑ Special Class Authorization, LSH	
Preconditions: __ Credential Approved Program (CAP) __ CBEST Result __ TB Test Result	__ COC - Certificate of Clearance: fingerprint or copy of current credential. A fee payable to the CCTC is applicable.

THIS STUDENT HAS MET ALL PRECONDITIONS AND IS RECOMMENDED FOR STUDENT TEACHING.

Advisor approval: _____ Date: _____

The Department of Special Education will review your application and will notify you in writing about eligibility to enroll in student teaching course work. With your eligibility notice, you will be mailed a Confirmation form to hold your space.