

Nyack College School of Education

Service Academics Leadership Teaching

Childhood and Special Education Practicum Application

APPLICANT'S NAME _____

BEST METHOD OF CONTACT:

During the School Year phone _____

e-mail _____

(off-campus address) _____

CAMPUS NCRC NC NYC

INTENDED SEMESTER AND YEAR OF PRACTICUM COMPLETION _____

PLACEMENT PREFERENCES ;

Require a placement for practicum (50 hours, supervised experience).

Am currently working in a /Childhood special education setting that may be used for the practicum experience. (Pls print.)

School _____

Address _____

Administrator's Name: _____

Administrator's Phone Number: _____

Description of School Context: (i.e. grades served, charter, District 75 school, etc.)

Description of applicant's current classroom population:

Description of applicant's current position/role in that setting:

(Special Education Majors: Description of applicant's accessibility (if working in a non- inclusive educational setting) to students with special needs for placement purposes.