

Southwest Minnesota State University

Special Education Graduate Practicum Experience Application

Complete one application for **EACH** practicum. A hold will be placed on your practicum registration until your practicum is approved. You must be admitted to the graduate program and have completed the Special Education Courses before you can begin a practicum.

I. Personal Information

Name _____ License File No. _____

Your Address _____ Phone # _____

City, ST Zip _____ E-mail Address _____

Mustang ID _____

Have you been convicted of a crime other than a non-alcohol related traffic violation?

No _____

Yes _____

If “yes,” attach material indicating the crime of which you were convicted,

including the court in which you were convicted, dates and sentence imposed.

II. Requirements for practicum/Special Education Licensure

_____ I am covered by liability insurance for all placements

_____ Yes, name of insurer _____

_____ No - If you are not currently covered by liability insurance you must join
EMSP for liability coverage

NOTE: Most school districts have a background check process. Check with the school district PRIOR to your beginning date.

III. SPED Practicum Experience Check one:

_____ SPED 566 ABS (Initial license)

_____ SPED 565 ABS (Additional License)

_____ SPED 670 ASD (mild-to-moderate)

_____ SPED 680 ASD (moderate-to-severe)

_____ SPED 681 DD (moderate-to-severe)

_____ SPED 673 EBD (mild-to-moderate)

_____ SPED 683 EBD (moderate-to-severe)

_____ ECSE 682 (Birth-age 3 home-based)

_____ ECSE 692 (Ages 3-6 center-based)

_____ SPED 674 LD (mild-to-moderate)

_____ SPED 684 LD (moderate-to-severe)

Semester/ year of practicum enrollment:

_____ Fall _____ Spring _____ Summer Year: 20 _____

IV. Placements – ABS, EBD, LD, DD in K-4, 5-8, 9-12; ASD in Birth-gr. 4, 5-8, gr. 9-age 21; ECSE in Birth-Age 3 home-based, Age 3-6 center-based.

CAN be in the same site if all levels are available with a mentor teacher licensed in the correct field.

INCLUDE a copy of each mentor teacher’s license, available at <http://w20.education.state.mn.us/LicenseLookup/educator>

A. First Placement - ECSE Home-Based or Others-Elementary:

 Check here if all placements have same site/mentor

School Name _____ Phone Number _____

School Address _____

SPED Mentor Teacher _____ License File No. _____

Building Administrator _____ Phone number _____

B. Second Placement – ECSE Center-Based or Others-Middle Level:

School Name _____ Phone Number _____

School Address _____

SPED Mentor Teacher _____ License File No. _____

Building Administrator _____ Phone number _____

C. Third Placement – High School Level:

School Name _____ Phone Number _____

School Address _____

SPED Mentor Teacher _____ License File No. _____

Building Administrator _____ Phone number _____

Student Signature _____
Practicum Candidate _____ **Date** _____

Practicum Instructor Signature _____
Instructor _____ **Date** _____

Assessments will be completed online through Livetext.
1501 State Street, IL 150
Marshall, MN 56258
537-6152 or 1-800-642-0684 ext. 6152