



University of Colorado
Denver

School of Education & Human Development

Special Education Internship Application Materials

Dear Student:

The internship element of the special education licensure program provides the opportunity for you to connect theory to practice and is essential to your success in the program. With this in mind, please review the following information regarding the process for internship application for **all “on-the-job” and alternative internship experiences that are coordinated with your Special Education Faculty Advisor** and the reminder of the submission dates. A completed internship application must be submitted for all internships that are completed **outside** of a UCD partner.

To ensure that each of your internship experiences provides you with varied professional opportunities to apply your skills in natural settings, and to expand the range of strategies you bring to the classroom, please remember to plan ahead and communicate with your advisor regarding internship requirements. All teacher candidates in the special education initial licensure or endorsement program are expected to demonstrate knowledge and skill with students of varying age and grade levels, so a range of internship experiences will be designed individually between you and your advisor.

Completed internship application materials must be submitted and discussed with your advisor before the deadline.

1. **Goal Statement** Specifically refer to the roles of a special educator (see pages 5-8 of handbook) as you articulate the skills you intend to develop during your internship experience
2. **Resume**
3. **Completed application** Sections I, II, III
4. **Applicable approval forms** (on-the-job-only):
 - a) Principal approval
 - b) Cooperating/Co-Teacher/ Mentor Agreement
 - c) Director’s approval

This information will be reviewed and approved by your advisor and forwarded to your university internship supervisor.

III. Preferred Placement:**

A) On-the-job placement

School: _____ District: _____

Address: _____

Phone: _____

Administrator: _____

Mentor/Cooperating Teacher: _____

B) Preferred placement. Requested school district, specific school or geographical area if this is not an on-the-job placement

**On-the-job placements are not permitted in the summer term. Additionally, all summer internships will be held in one Denver metropolitan school district.

IV. Advisor or Coordinator Recommendations

Internship approval? Yes_____ No_____

Specify prefix _____

Internship hours _____

Advisor/Coordinator Signature

Principal's/Building Administrator Approval Form

Date: _____

I approve the internship experience arranged between _____ (Teacher Candidate) and the Initial Professional Teacher Education Program at the University of Colorado at Denver & Health Sciences Center for the _____ semester, 20____. I understand that the internship student must be coached, mentored and supported on a regular basis.

I approve _____ (Cooperating/ Co-Teacher/Mentor) as the licensed teacher and verify that she or he currently holds the following endorsement(s):_____.

I understand that the teacher will be responsible, at the minimum, for the completion of observations and agree to assist with the variations in scheduling necessary to allow this to occur.

I understand that the university supervisor will visit the internship student at least twice during the internship in addition to holding seminars at the university. I understand that the licensed teacher will receive an honorarium for these services.

I agree to alert the university supervisor of any problems or concerns that arise with the student's performance or conduct.

Disclaimer: Per Colorado Department of Education's policy for hiring TTEs, a Title One or Schoolwide Status designated school cannot hire an individual on a TTE. If a school becomes Title One or Schoolwide designated any individual hired on a TTE will no longer be eligible for employment on a TTE.

Please indicate if your school is Title One and has Schoolwide status designation: Yes No

Principal/Building Administrator Signature

Date

School/ School District

Date

Cooperating/Co-Teacher/ Mentor Agreement

Date: _____

I agree to supervise _____ (Teacher Candidate) who is completing requirements in the Initial Professional Teacher Education Program at the University of Colorado at Denver & Health Sciences Center during the _____ semester, 20___. I understand that the internship student must be coached, mentored and supported on a regular basis.

I accept this responsibility and verify that I currently hold the following certificates and endorsement(s):

I understand that I will be responsible, at the minimum, for the completion of weekly internship observations and agree to create the variations in scheduling necessary to allow this to occur.

I also agree to meet and confer with the university supervisor who will visit the internship student at least twice during the internship. I agree to attend the first internship seminar of the first semester and to provide written evaluative comments at the conclusion of the internship. I understand that I will receive an honorarium for these services.

I agree to alert the university supervisor of any problems or concerns that arise with the internship student's performance or conduct.

Signature/ Title

Date

Special Education Director's Approval

Date: _____

I agree that _____ (Teacher Candidate) can complete an on-the-job internship to fulfill the requirement of the Special Education Program at the University of Colorado at Denver & Health Sciences Center during the _____ semester, 20___. I understand that the Teacher Candidate must be coached, mentored and supported on a daily basis.

I acknowledge that _____ (Teacher Candidate) will have a cooperating teacher in her/his building who currently holds the following endorsement(s) in Special Education: _____ and that this individual will coach and mentor the Teacher Candidate. I understand that the cooperating teacher will be responsible, at the minimum, for the completion of weekly observations and agree to assist with the variations in scheduling necessary to allow this to occur.

I agree to alert the university supervisor of any problems or concerns that arise with the student's performance or conduct.

Special Education Director

Date

School District

Date