

Information Sheet for Applying

Student Teaching or Practicum – Own Classroom

1. Students will **APPLY** on-line at <https://svsu.tk20.com>. Be sure to select appropriate course in own classroom.

Fall application period is November of the year before

Winter application period is March of the year before

This is the only time the DATABASE is open

2. When filling out the application, you will want to click on the “save” button only located at the bottom of the application page. The “save” button allows you to save your work and continue with your application. Please note that you will **NEVER** click on the “submit” button at any time during the application, even when you are complete. **ONLY** click on “save” and your application will be saved in TK20.
 3. Students will still need to **REGISTER** at the appropriate time (semester prior) and for the appropriate course on Cardinal Direct.
TE 460 – Student Teaching (6 credits) + TE 445 Seminar (2 credits)
TE 660 – Practicum (4 credits) + No seminar
 4. All course work must be completed prior to student teaching or practicum experience.
 5. All communication from the Office of Clinical Experiences will be made through your **SVSU email**.
 6. Students seeking permission to student teach or complete a practicum experience in their own classroom must provide the Office of Clinical Experiences with a letter of support from their school district the semester prior to completing TE 460 or TE 660. (See the sample.)
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Application Preview

Autobiography

- Provide a paragraph or two describing your professional experience at your current teaching position
- Format is narrative
- Single space, double space between paragraphs
- No bullets or indenting

Education

- List specific schools, including years attended, year graduated, endorsement or certification received.
- List your most recent first
- Include colleges, high school, junior high/middle school, elementary

**Notify the Office if there are any changes on the application such as semester, name change, address, contact info.

Clinical Experiences

Phone: (989) 964-7109

Or 800-968-2540, extension #1

Website: <http://www.svsu.edu/collegeofeducation/officeservices/clinicalexperiences/>

Email: clinicalexp@svsu.edu

****Sample Letter of request & support****

Submit to SVSU one semester prior. Must be on school letterhead.

Date

SVSU Office of Clinical Experiences,

I am requesting permission to do my _____ (Student Teaching – TE 460 OR Practicum – TE 660) during _____ (choose semester).

I currently have _____ (no special education endorsement, ASD endorsement, CI endorsement, EI endorsement, LD endorsement, or other). I am seeking a/an _____ (ASD, CI, EI, or LD endorsement).

I am teaching in my own classroom _____ (describe setting, grade(s), subject(s) at _____ (school and district).

Sincerely,

Signature

I am supportive of _____ (insert name) completing this _____ (Student Teaching or Practicum) experience in his/her own classroom. I verify that there are a minimum of four students whose educational label matches the endorsement being sought by _____ (insert name).

Signature of Special Education Director or Supervisor

Director/Supervisor's Name Printed

I agree to serve as a mentor to _____ (insert name) while he/she is completing his/her _____ (Student Teaching or Practicum) experience. I understand that this includes at least two formal observations and completing a final evaluation. Mentor certification must match the endorsement student is seeking.

Signature of Mentor

Mentor's Name Printed

Mentor's Email

Student Teaching (TE 460) = 1st Special Education Endorsement
Practicum (TE 660) = Additional Special Education Endorsement