



APPLICATION FOR SPECIAL EDUCATION FIELDWORK EXPERIENCE

Please type:

Name: _____ UW-L ID #: _____

Local Address: _____
Street City State Zip

Local Phone: _____ Local address/phone valid through: _____

Email Address: _____

Semester of Special Education Fieldwork: _____ Faculty Advisor: _____

SPE GPA: _____ **Major GPA:** _____ **Cumulative GPA** (incl. transfer courses): _____

Please Check: Undergraduate Graduate

Major: MC-EA EA-A **Emphasis:** CD EBD SLD

Check the course # of your fieldwork experience. See SPE Program Director with any questions.

SPE 483 SPE 484 SPE 583 SPE 584 SPE 783 SPE 784

.....
List all clinical and other experiences with students with disabilities. Provide dates and explain the disability categories of the students you worked with.

.....
Refer to the Fieldwork Handbook for the placement policy at the website www.uwlax.edu/soe/field.

Special Education placements are in our 50-mile radius. Please understand that *preferred sites are not guaranteed*.

If you have district preferences, please list them in order below.

1. _____ 2. _____ 3. _____

Do you have a car? Yes No

If you have relatives working in any local schools, please name relative (includes step), school, and district (e.g. Mother at Emerson Elementary, La Crosse) below:

Please name the high school and school district where you graduated:

List any additional concerns or preferences here:

Will you or have you applied to the Internship pool? Yes No

.....
I verify the accuracy of this information and grant its release to appropriate entities only.

Signature _____ **Date** _____