

UNIVERSITY of WISCONSIN
LA CROSSE

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 783 SPE 784

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

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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** _____