

Graduate Inservice Practicum Application

UNIVERSITY OF WISCONSIN-WHITEWATER
Department of Special Education
Graduate Level Inservice Practicum for Provisionally Licensed Teachers

CRITICAL INFORMATION FOR PROSPECTIVE INSERVICE APPLICANT
AND
SCHOOL DISTRICT ADMINISTRATOR

The Department of Special Education at UW-Whitewater has established an inservice practicum as an alternative for experienced educators who wish to fulfill licensure standards in an area of exceptionality. Ordinarily the Department recommends a full-time practicum placement in another teacher's classroom. This alternative would require an experienced and licensed cooperating teacher to provide observations and feedback. However, under certain circumstances, an inservice "on-the-job" in the teacher's own classroom is allowed. To be eligible to participate in an inservice practicum the student must be accepted into the Special Education Graduate Program.

The inservice practicum has the following stipulations:

1. the classroom site must be compatible with the philosophy of the training program;
2. the inservice teacher must have an opportunity to demonstrate the appropriate competencies within the setting;
3. a designated program support teacher of special education or appropriate supervisor who is qualified in program area must be assigned by the school district to provide regular observations and feedback to the inservice teacher.

A teacher who qualifies for the inservice option must be aware of the independent nature of this placement. Consequently, candidates who do not meet eligibility requirements or who, in the opinion of the University advisor/supervisor and/or the school district administrator or supervisor, are not acceptable candidates for this option, will be required to participate in one of the more structured and supervised types of placement.

The Department of Special Education has determined that an on-the-job inservice practicum will be provided for students upon completion of licensure coursework in the area in which they wish to complete the inservice requirements. This option is available for:

1. students with prior (EEN) licensure who are seeking additional licensure in an area of exceptionality, or
2. students who do have a prior licensure and are seeking initial licensure in an area of exceptionality.
3. students who have no prior teaching licensure; but hold a Bachelor's degree.
4. students who have successfully passed the PRAXIS II content exam

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Department of Special Education
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Prior to UWW Inservice Practicum approval, the administrator employing the inservice applicant, as well as all parties involved, must sign and submit the signature page of the following agreement to the appropriate Special Education area program coordinator to be received by **December 1 (for fall semester) or April 1 (for spring semester)** preceding the anticipated academic year of the requested practicum.

REQUIREMENTS OF THE SCHOOL DISTRICT OR PROGRAM:

1. The building principal, program director, or designee will assign and provide for a minimum equivalent of a half day per month of purchased support services or provide release time for an appropriately licensed program support teacher or supervisor to observe and give feedback in the Inservice student's classroom/program. The program support teacher or supervisor must submit monthly university supervision forms detailing the observation and feedback. The university supervisor will provide the forms.
2. The building principal, program director, or designee agrees to provide a minimum of one hour of classroom observation, with appropriate consultation with the inservice student, each month. The Monthly Monitoring Report (See Form I, pages 7-10) is to be completed and submitted to the university supervisor on a monthly basis.
3. The building principal, program director, or designee **will provide approval** for the inservice student to participate in **one** out-of-district visitation day the semester of the inservice practicum. The university supervisor must give prior approval of the site.
4. Recommendations to the university supervisor regarding licensure of the inservice student must be provided by the designated program support teacher or supervisor and the building principal, program director, or designee.

REQUIREMENTS OF THE INSERVICE STUDENT:

1. All graduate students must be admitted in the Special Education Masters Program and have a current licensure plan on file. Schedule an appointment with your advisor to update your licensure plan and to release your advising hold which will enable you to register via WINS for the directed teaching courses: SPECFLD 793 Inservice Practicum (CC: CD, CC: EBD/LD, or EC: EEN) for 3-6 credits and SPECED 680 Phase 4 Portfolio for 2 credits and/or the other courses identified on your licensure plan.
2. Inservice students will be evaluated by their university and designated supervisors to determine their level of competence in (1) Diagnosis, (2) Curriculum Planning, (3) Instruction, (4) Consultation with professionals and families, and (5) Behavior Management. The student will be given written feedback.

3. All students must successfully complete all practicum assignments as established by the University Supervisor and indicated on the Directed Teaching Syllabus.
4. Students who are unable to successfully demonstrate competence within one semester will be given the option, if recommended by the university supervisor, to take an incomplete (I) in SPECFLD 793 Inservice Practicum, and will be required to meet competencies during the subsequent semester. These students must enroll for an additional 2-credit fieldwork course, SPECFLD 585 or 685, during that semester.
5. Slots will not be guaranteed unless the student has applied a semester in advance; cancellation of the placement without a semester notice will not guarantee a new placement in alternate semesters. Students must also successfully pass the PRAXIS II content exam and submit the scores to Jodi Roehl in the Office of Field Experiences, roehlj@uww.edu.

REQUIREMENTS OF THE UNIVERSITY:

1. The University assumes the responsibility for monitoring and enforcing all aspects of this agreement, including monitoring the appropriateness of program support or supervisory personnel and the appropriateness of the placement for meeting Wisconsin State Standards and CEC Standards for the licensure area(s).
2. A UW-Whitewater Supervisor will be assigned who will visit a minimum of four (4) times during the assigned inservice practicum.
3. The establishment of practicum assignments and the approval of visitation to appropriate sites must be determined by the University Supervisor.
4. Upon completion of the inservice practicum, the University Supervisor must submit a recommendation regarding licensure of the Inservice Student.

You may retain these agreement information pages and return only the inservice agreement signature page per instructions.

For further information please contact your advisor, the field experience coordinator of student teaching, or the department of Special Education chairperson

Please refer to the next page

Semester of Inservice:
 _____ Fall 20__
 _____ Spring 20__

UNIVERSITY OF WISCONSIN-WHITEWATER

Department of Special Education
 Inservice Practicum Agreement Signature Page

Please Print:

Name of Applicant:	ID#:
Area of Licensure:	Grade Level:
School Name:	Phone #:
School Address:	

PLEASE SIGN BELOW, AS APPLICABLE, INDICATING THAT YOU HAVE CAREFULLY READ AND AGREE TO MEET ALL OF THE REQUIRMENTS OF THE SCHOOL DISTRICT/PROGRAM AND REQUIREMENTS OF THE INSERVICE PRACTICUM STUDENT AS A PART OF THIS AGREEMENT.

Building Principal, Program Director, or Designee:

PLEASE RATE THE APPLICANT'S COMPETENCE ON THE NEXT PAGE

_____	_____	_____
<i>Signature</i>	Administrative Title	Date
Building Principal, Program Director, or Designee		

_____	_____	_____
<i>Signature</i>	Work Tel #	Date
Program Support Supervisor (if different from above)		

_____	_____	_____			
<i>Signature</i>	Home Tel #	Date			
Inservice Practicum Student					

			Work Tel #		

	Cell Tel #				

MAIL TO: Field Experiences Coordinator
 Department of Special Education
 University of Wisconsin-Whitewater
 Whitewater, WI 53190-1790

UNIVERSITY OF WISCONSIN-WHITEWATER
DEPARTMENT OF SPECIAL EDUCATION

GRADUATE LEVEL INSERVICE PRACTICUM

Do you recommend _____ for an Inservice Practicum? **Yes No**
Inservice Practicum applicant's name

Do you agree to the requirements of the school district as indicated in this agreement? **Yes No**

How long has the applicant been working in the current setting? _____

Circle the categorical areas that the applicant is responsible. (CC, LD, E/BD, CD, EC:EEN)

What percent of the applicant's caseload does each area represent?

_____CD _____E/BD _____LD _____EC:EEN

What teaching license does the applicant currently hold? _____

Please rate the applicant's overall competence

1	2	3	4	5
Highly competent	Competent	Developing Competence	Needs Support	Competence is questionable

Comments:

Print Name

Signature

Administrative Title

Date

DEPARTMENT OF SPECIAL EDUCATION GRADUATE INSERVICE APPLICATION

A. ID Number _____ Date of Application _____

B. Name _____
 Last First Middle Initial

C. Permanent Address _____
 No. & Street City State/Zip Phone #

D. Cell Phone: _____ Email: _____

E. Educational Data	Institution City	Major Field	Dates Attended	Degree Received or Expected Date	
High School					
College					
College					

F. I am applying for the following Inservice practicum placement:
CC: CD emphasis _____ **CC: LD/EBD** emphasis _____ or **EC:EEN**

G. Semester/Year Applying for: Fall _____ or Spring _____ or Other (must get approval) _____

H. I will be employed at the following school during the In-Service semester:

Name of school _____ Phone: _____
 Address, City, State, Zip _____

I. Name of Principal or administrator _____ Phone: _____
 (The administrator named will be contacted for approval prior to participation in the In-Service program and to verify employment status.)

J. My teaching duties will consist of: _____

K. My in-school supervisor (*this person must have an administrative role in the district*) during the In-Service will be:

Name: _____ Title: _____

L. Approval by Department Field Experience Coordinator: (Must be obtained prior to submitting application via a phone or face to face conference)

Name: _____ DATE: _____

****I am aware that I must successfully pass the PRAXIS II, Content Exam and submit the scores to Jodi Roehl, roehl@uww.edu in the Office of Field Experiences before I can register for my practicum experience. Contact Steve Kruse kruses@uww.edu College of Education Advising Center (262) 472-1585 for Praxis II test information and dates.**

****I am aware that I may be subjected to criminal background checks required by the school district or center as part of the placement procedure. Results of these checks could result in a denial or termination of my placement.**

****In addition, I am aware that I must submit a new directed teaching application if I change my requested semester for student teaching, and that this does not constitute a guarantee that I will be able to student teach during the semester I have requested.**

****If you have any special needs which may require reasonable modification, contact Dr. Tom Ganser, COE Office of Field Experience Director. Winther Hall 2038, (262) 472-1123, gansert@uww.edu .**

FORM I (4 copies of this form)

MONTHLY MONITORING REPORT

SUBMITTED BY: SCHOOL PRINCIPAL, PROGRAM DIRECTOR, OR DESIGNEE

GRADUATE INSERVICE PRACTICA

MONTH _____ 20 _____

<i>Student's Name:</i>	<i>Type of Program:</i>
<i>School/City:</i>	<i>University Supervisor:</i>

Summary of Observations and Recommendations:

Signature of Principal or (Date)
Program Director

Mail to: Field Experiences Coordinator
Department of Special Education
UW-Whitewater
Whitewater WI 53190-1790

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