

# APPLICATION FOR 2010-11 SPECIAL EDUCATION STAND ALONE PROGRAM

Return Special Education Applications to:  
Applications Coordinator - School of Education -Southern Oregon University (SOU) -1250 Siskiyou Blvd., Ashland, Oregon 97520

Please make copies of all application materials for your records before submitting originals.  
The School of Education will not be able to make copies for you.

**Indicate your preference:**

Authorization Level:   \_\_\_ Elementary (Age 5-Grade 8)  
                                  \_\_\_ Secondary (Grade 5-Age 21)

How did you find out about the Special Education Program at Southern Oregon University?

\_\_\_ Friend/Family   \_\_\_ Newspaper ads   \_\_\_ Radio/TV   \_\_\_ College Catalog   \_\_\_ Advisor   \_\_\_ Other (Specify)

Last Name	First Name	MI	Preferred Name	Former Name
Current Mailing Address - Number and Street			E-Mail Address	
City	State	Country (if not U.S.)	Zip Code	Home Phone

**Social Security Number** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **\_\_\_ Male \_\_\_ Female**

Permanent Address - Number and Street				
City	State	Country (if not U.S.)	Zip Code	Home Phone

**ENTRY REQUIREMENTS:**

<b>I. Tests Completed:</b>	<u>Date Taken</u>	<u>Score</u>	<u>Date Plan to take</u>
_____ CBEST or PPST or C-PPST	_____	_____	_____
- or -			
_____ Other approved Basic Skills Tests: Please identify -	_____	_____	_____

Instruct the appropriate testing agency to forward test scores to the SOU School of Education.

**II. B.A. or B.S. Degree:**

Granting Institution: \_\_\_\_\_  
 Address of Granting Institutions (City/State): \_\_\_\_\_  
 Date of Completion: \_\_\_\_\_ Major: \_\_\_\_\_  
 Grade Point Average: Last 90 Undergraduate Hours or 60 Undergraduate Semester Units: \_\_\_\_\_

***Be sure official transcripts have been sent to the SOU Admissions office.***

**III. Prerequisite Coursework:** Mainstreaming or Foundations of Special Education Course

Name of Course: \_\_\_\_\_ Date: \_\_\_\_\_

**IV. Letters of Recommendation:**

Attach **at least** two letters of recommendation from immediate supervisors employed by educational or social agencies **attesting to your competence to work with school-aged children or youth in schools in a volunteer or paid work experience**. These may be sent under separate cover. List the supervisors' names below.

	1	2
Names of supervisors:	_____	_____
Types of experiences:	_____	_____
	_____	_____

**V. Character Questions:**

As part of the application process for admission to the Southern Oregon University (SOU) Special Education Program, you must answer the following set of character questions. Answer each character question with a "YES" or "NO" in the blank to the left of the question. **If the answer is "YES" to question #9, 10, 11 or 12, attach a certified true copy of the court record to this report.** Explain fully on a separate sheet of paper any "YES" answers to questions.

- \_\_\_\_ 1. Have you ever been admitted to, but not completed, a teacher education program at another higher education institution?
- \_\_\_\_ 2. Have you ever left any educational or school-related employment, voluntarily or involuntarily, while the subject of an inquiry, review or investigation of alleged misconduct or unsatisfactory service or when you had reason to believe such investigation was imminent?
- \_\_\_\_ 3. Are you currently the subject of an inquiry, review or investigation for alleged misconduct or unsatisfactory service?
- \_\_\_\_ 4. Have you ever failed to complete a contract for services in any educational or school related position, or for any reason been placed on leave by your supervisor or left such employment prior to the end of the contract term?
- \_\_\_\_ 5. Have you ever had a certificate, credential or license (of any kind) revoked or suspended or have you ever been placed on probationary status for any alleged violation of professional standards of conduct?
- \_\_\_\_ 6. Have you ever been denied a license for which you applied or granted a license on a conditional or probationary basis for any alleged violation of professional standards of conduct?
- \_\_\_\_ 7. Have you ever surrendered a license of any kind before its expiration?
- \_\_\_\_ 8. Have you ever been disciplined by any public agency responsible for licensure of any kind, including but not limited to educational licensure?
- \_\_\_\_ 9. Have you ever been convicted or been granted conditional discharge by any court for: (a) any felony; (b) misdemeanor; or (c) any major traffic violation, such as driving under the influence of intoxicants or drugs; reckless driving; fleeing from or attempting to elude a police officer; driving while your license was suspended, revoked or used in violation of any license restriction; or failure to perform duties of a driver or witness at an accident?
- \_\_\_\_ 10. Have you ever been arrested or cited for any offense listed in question (9) above which is still pending in the courts?
- \_\_\_\_ 11. Have you ever entered a plea of guilty or No Contest relative to any charge for an offense listed in question 9?
- \_\_\_\_ 12. Have you ever had any civil judgment or other court order entered against you resulting from abuse, assault, battery, harassment, intimidation, neglect, stalking, or other threatening behavior toward other persons?

**Certify:**

I grant the SOU School of Education permission to check civil and criminal records to verify any statement made on the character question portion of this form. I understand that if I am admitted to the program, I will be required to complete a fingerprint-based verification process which includes a review of my background by both the Federal Bureau of Investigation (FBI) and the Oregon State Police, in order to corroborate the accuracy of the responses I have provided above.

**I hereby certify that the information on or relating to this form is true and correct. Further, I understand that the SOU School of Education may deny or revoke admission to the SOU Special Education Program upon evidence that I knowingly made any false statements on or relating to this form.**

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date of signature

# RELEASE OF INFORMATION FORM

As part of the application process for admission to the teacher education program at Southern Oregon University (SOU), I hereby authorize SOU to request, and those receiving this request, to release all information and records regarding disciplinary or behavioral matters or any information or records that might reflect on my potential as a teacher. This may include, but is not limited to, contacting:

- 1) The Dean of Students at any institutions of higher education that I have attended.
- 2) Professors or instructors whom I have had.
- 3) State agencies with whom I have been involved.
- 4) Previous employers
- 5) Individuals cited as references in my application.

I understand that SOU will use this information only as part of the application process for the fifth year teacher education program and that this permission to release information will expire when the application process for the cohort to which I am applying has been completed. I further agree that the SOU School of Education has permission to reproduce this release form and send it with all requests for information.

In consideration of this consent, I hereby release the above parties from any and all liability arising therefrom.

Please print your **full name** here: \_\_\_\_\_ SS #: \_\_\_\_\_

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed: \_\_\_\_\_ Date: \_\_\_\_\_

***\*\*Please make sure you have someone witness this form! The "Witness" can be anyone of your choice. The School of Education does not have to witness the signature.***

**CANDIDATE'S DESCRIPTION OF PREVIOUS EXPERIENCE  
WORKING WITH CHILDREN**

**Special Education**

Briefly describe previous working experience with youth. List instructional or classroom experience(s) including practicum experience, paid experiences(s) and volunteer experience(s). Include dates and duration. If coursework is included, indicate course number, course title, institution, term/year, and credit hours (semester or quarter) earned.

Describe the character of each experience you have listed and explain how each has prepared you to enter a graduate level teacher education program. The quality of your written expression as well as the quality of your experiences will be considered.

\*\*\*\*\*

Comments (Continue on reverse side if necessary. May be typed or handwritten.)

CANDIDATE'S RESPONSE TO ESSAY QUESTION

**Special Education**

In the space below, compose, **in your own handwriting**, a one page essay response to the following questions:

What are the most significant outcomes for students with exceptionalities in today's schools? How will you assist students in achieving those outcomes?

\*\*\*\*\*

Essay (Continue on reverse side if necessary. Must be handwritten.)

**SOUTHERN OREGON UNIVERSITY**  
**School of Education**

## Letter of Recommendation

**TO THE APPLICANT:** The Federal Family Educational Rights and Privacy Act of 1974 and its amendments guarantee enrolled students the right to see their letter of recommendation unless they explicitly waive that right. Indicate below what your wishes are in this regard:

I **DO NOT** waive my right to inspect the contents of this recommendation.  
 I **DO** waive my right to inspect the contents of this recommendation (in which case, please provide the referrer with a stamped envelope addressed to Southern Oregon University as indicated in the lower right hand corner of this form).

Print full name: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

**TO THE REFERRER:** The above named person is applying for admission to the Graduate Teacher Education Program at Southern Oregon University, has given your name as a reference. Please assess the candidate's performance as a prospective Special Education teacher (kindergarten through grade 12) and return this form to the candidate for inclusion in his/her application. If the applicant has waived the right to inspect the recommendation, the recommendation should be returned directly to the address listed in the lower right hand corner.

THE ENTRANCE REQUIREMENTS TO THE TEACHER EDUCATION PROGRAM REQUIRE THAT THE CANDIDATE PROVIDE US WITH TWO LETTERS OF RECOMMENDATION WRITTEN BY PERSONS EMPLOYED BY SCHOOLS OR SOCIAL AGENCIES (PUBLIC OR PRIVATE) WHO HAVE SUPERVISED HIM/HER WORKING WITH SCHOOL-AGED CHILDREN.

**PLEASE DESCRIBE THE SITUATION IN WHICH YOU WERE ABLE TO SUPERVISE OR OBSERVE THE CANDIDATE'S WORK WITH CHILDREN:**

Please check the column that applies to your assessment of the applicant in the categories listed below:

	Unusually High	Above Average	Average	Below Average	Unusually Low	No Basis for Judgment
Demonstration of Content Knowledge						
Breadth of Knowledge						
Enthusiasm for Teaching						
Sense of Responsibility						
Expressive Ability: Oral						
Expressive Ability: Written						
Flexibility						
Initiative						
Ability to Work with Other Adults						
Emotional Maturity						
Potential as a Teacher						

**PLEASE INCLUDE ADDITIONAL COMMENTS ABOUT THE APPLICANT ON THE BACK OR AS ATTACHMENT**

DO YOU RECOMMEND THIS PERSON FOR ADMISSION TO A GRADUATE TEACHER EDUCATION PROGRAM? \_\_\_\_YES \_\_\_\_NO

Name (Please Print): \_\_\_\_\_

Position: \_\_\_\_\_

At: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Southern Oregon Univ  
 School of Education  
 1250 Siskiyou Blvd  
 Ashland, OR 97520  
 (541) 552-6936

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Ability to Work with Other Adults						
Emotional Maturity						
Potential as a Teacher						

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DO YOU RECOMMEND THIS PERSON FOR ADMISSION TO A GRADUATE TEACHER EDUCATION PROGRAM?  YES  NO

Name (Please Print): \_\_\_\_\_

Position: \_\_\_\_\_

At: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

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