

**STUDENT TEACHING SUBSTITUTION PETITION
GRADUATE LEVEL ENDORSEMENTS IN SPECIAL EDUCATION**

TO: The Special Education Faculty

DATE:

REQUEST FOR TERM/YEAR: Fall_____ Spring_____ Summer_____

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

I am seeking a post-baccalaureate endorsement for _____. I request permission to pursue an alternative to student teaching requirements based upon the following situation (checked):

____ Situation A. A candidate for endorsement who has two or more year's successful teaching experience in the endorsement area within the past five years (complete items 1 through 6).

____ Situation B. A candidate who holds a previous special education endorsement and is adding another (complete items 1,2,3,7, and 8).

1. TEACHING EXPERIENCE:
DATES

SITE(S)

TITLE

2. STUDENTS SERVED:

HANDICAPPING CONDITION

GRADE LEVEL

NUMBER

3. I have attached an alternative plan for a field experience/independent study as a substitute for credits of student teaching. The proposed project will involve (check as many items as apply):

___ Observations

___ Course Work

___ Product Development

___ Case Study

___ Consultation

___ Other: _____

___ Supervision

___ Develop/Evaluate

Classroom Instructional Procedures

___ Research Project

___ Develop, Deliver, and

Evaluate Inservice

The plan should address the following topics:

- I. Justification/Rationale (one paragraph minimum)
- II. Description (one paragraph minimum)
- III. Proposed Timeline for Items to be Submitted
- IV. Proposed Evaluation Criteria for the Plan

ADVISOR'S APPROVAL

Comments:

Signature

Date

PLEASE COMPLETE APPLICABLE ITEMS ON OTHER SIDE

4. ____ I have attached a letter from my Director of Special Education or appropriate special education administrator verifying that I have two or more years of successful teaching experience in the desired endorsement area.
5. ____ I have attached a letter from my building administrator verifying the type, grade level, and length (dates) of my successful teaching experience in the desired endorsement area.
6. ____ I have included the program syllabus, outline, organization guide, curriculum, and behavior management plan followed in the system where employed (attached).
7. ____ I hold the _____ [special education endorsement(s)] from [institution(s)] _____. (I have attached a copy of the Teacher Certification Program approved by Teachers College Student Services Center for the endorsement being added.)
8. ____ For my previous special education endorsement(s), student teaching was completed as follows:
 Previous endorsement: _____ Full day: __ Part time: __ Grade received: __
 Previous endorsement: _____ Full day: __ Part time: __ Grade received: __

THE COMPLETED PETITION AND SUPPORTING MATERIALS MUST BE SUBMITTED TO:

Your Faculty Advisor
 Department of Special Education and Communication Disorders
 202 Barkley Memorial Center
 University of Nebraska-Lincoln
 Lincoln, NE 68583-0732

The petitioner will be notified regarding any modifications, the amount and type of credit for which to register and who will supervise the completion of the plan. The substitution policy was adopted by the Faculty in Special Education on May 12, 1987.

Approval Section (Faculty return form to Coordinator when completed)

	Date	Approve	Deny	Suggested Modifications
Eccarius				
Erickson				
Maag				
Marvin				
Meers				
Peterson				
Reid				
Scheffler				
Siegel				
Vasa				