



**Hunter College School of Education • Department of Special Education  
Blind and Visually Impaired  
Practicum Application**

**Deadlines for Application**

**November 1<sup>st</sup> (Spring) – March 1<sup>st</sup> (Summer/Fall)**

Application must be submitted the semester before you want to be considered for practicum/student teaching.

**Practicum application is for:** Semester: \_\_\_\_\_ Year: \_\_\_\_\_

**You must meet the following requirements in order to qualify for practicum:**

- Have an overall GPA of at least 3.0
- Have no outstanding incompletes (INs)
- Completed at least 15 SPED credits, including the pre-student teaching field experiences that are part of **SPED 700, 740, and 741**
- Have taken or be registered concurrently for at least one methods course
- Be working as a teacher or teaching assistant in a classroom for students with blindness/visual impairment.

**Attach the following materials to this application:**

- A copy of your medical insurance card
- A copy of your current transcript (official or unofficial)
- A copy of your LAST score
- A letter on official school letterhead and signed by an administrator stating your position, grade level, and teaching responsibilities.

**Applicant information:**

Name: \_\_\_\_\_ Last Four Digits of SS#: \_\_\_\_\_

Hunter College E-mail: \_\_\_\_\_  
*You must have access to your Hunter College e-mail address.*

Home Address: \_\_\_\_\_  
*Street City State Zip*

Daytime Phone: \_\_\_\_\_ Home/Other Phone: \_\_\_\_\_

LAST Score: \_\_\_\_\_ *Attach a copy of your LAST score*  
Current GPA: \_\_\_\_\_ *Attach a copy of your current transcript*



**School information:**

School Name: \_\_\_\_\_ School Phone: \_\_\_\_\_

School Address: \_\_\_\_\_  
*Street City State Zip*

Principal/Contact Name: \_\_\_\_\_

Contact Phone/E-mail: \_\_\_\_\_

**Describe:** 1) your role and 2) your students' disability categories/ages/grade levels/service arrangements

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please indicate the course for which you are applying:**

<u>Course</u>	<u>Title</u>	<u>Credits</u>
<input type="checkbox"/> SPED 748.52	Supervised Practicum: BVI, Preschool-Grade 6	2 credits
<input type="checkbox"/> SPED 748.53	Supervised Practicum: BVI, Grades 7-12	2 credits
<input type="checkbox"/> SPED 748.56	Supervised Practicum: BVI, Preschool-Grade 6	1 credit
<input type="checkbox"/> SPED 748.57	Supervised Practicum: BVI, Grades 7-12	1 credit

**Applicant signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**TO BE COMPLETED BY ADVISOR ONLY**

1cr: \_\_\_\_\_ 2cr: \_\_\_\_\_

Field Hours: \_\_\_\_\_ Methods Course: \_\_\_\_\_ LAST: \_\_\_\_\_ Medical: \_\_\_\_\_

Advisor Name: \_\_\_\_\_ Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_