



The City University of New York

Hunter College School of Education • Department of Special Education Deaf and Hard-of-Hearing Student Teaching Application

Deadlines for Application

November 1st (Spring) – March 1st (Summer/Fall)

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

Student teaching application is for: Semester: _____ Year: _____

You must meet the following requirements in order to qualify for student teaching:

- 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, 701, & 702**
- Have taken or be registered concurrently for at least one methods course

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

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: _____

Current GPA: _____ LAST Score: _____
Attach a copy of your current transcript Attach a copy of your LAST score

Please indicate the course for which you are applying:

<u>Course</u>	<u>Title</u>	<u>Credits/Days</u>
<input type="checkbox"/> SPED 737	Student Teaching Preschool – Grade 12	4 Credits / 40 Days
<input type="checkbox"/> SPED 737.50	Student Teaching Preschool – Grade 6	2 Credits / 20 Days
<input type="checkbox"/> SPED 737.51	Student Teaching Grade 7 – Grade 12	2 Credits / 20 Days



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Please indicate your grade level preference for the semester you are applying:

(Put down a specific grade. If flexible, select birth-2nd grade, 1st - 6th grade, 5th - 9th grade or 7th - 12th grade.)

First Choice Age Level/Grade: _____

Second Choice Age Level/Grade: _____

Third Choice Age Level/Grade: _____

Educational setting preferred:

Classroom

Itinerant

How do you rate your signing skills?

Excellent

Good

Fair

Poor

Not Sure

Please rank your location preference, with number 1 being your first choice:

_____ Brooklyn _____ Bronx _____ Manhattan _____ Queens _____ Staten Island

_____ Westchester _____ Long Island _____ Other (please specify: _____)

Will you need a school that will be accessible via public transportation: Yes

No

Other preferences:

Applicant Signature: _____

Date: _____

Notes:

TO BE COMPLETED BY ADVISOR ONLY

2cr: _____ 4cr: _____

Field Hours: _____

Methods Course: _____

LAST: _____

Medical: _____

Advisor Name: _____

Advisor's Signature: _____

Date: _____