

SPECIAL EDUCATION FIELD EXPERIENCES

Interview Form

Name: _____ **Date of Birth:** _____

Last First M.I.

Home Address: _____
Street City State Zip Code

Local Address: _____

Street	City	State	Zip Code
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Home Telephone: () _____ **Local Telephone:** () _____

Email Address:_____

Desired Population: (Rank preference with 1, 2, 3 for disability and age level)*

Learning Support	Pre-Primary	Jr. High
Emotional Support	Primary	Sr. High
Life Skills	Intermediate	

* Many special education classes are mixed rather than single category groups.

For Norristown Only:

Primary (K-2)	High School (9-12)	Learning Support
Intermediate (3-5)	Autistic**	Life Skills**
Middle School (6-8)	Emotional Support **	Multidisabilities**

** Limited number of placements.

PERSONAL EXPERIENCE: List and describe previous experiences you have had with handicapped children or adults. Use back of form if you need more room.

[illegible]

List and describe areas of interest in special education and related services.

List and describe experiences with children who are not labeled as exceptional.

Describe any other previous work experience or special talents you have.

To date, in which of the following curriculum areas have you had teaching experience? Circle those areas in which you feel particularly strong.

Self-help skills _____ Reading _____ Language _____ Math _____
Social Studies _____ Science _____ Music _____ Art _____
Independent Living _____ Vocational _____ Pre-Vocational _____ Others (list) _____
Motor/Perceptual Skills _____

List the formal diagnostic tests you have given.

Have you ever designed or given an informal math, language, reading, or other inventory? Explain.

Professional Organizations

CEC _____ AAMD _____ LDAA _____ Other _____

Do you anticipate any difficulties with transportation or living accommodations at your student teaching assignment? Is there any other information you want to share with us which will help make your student teaching experience more successful?

Will you have a car during student teaching? _____

PLACEMENT DATA

When will you graduate? _____ Student Teaching Semester _____

Where do you want to teach after graduation? _____ Approximate GPA to date _____

PA _____ Where in PA _____

Other (list) _____

Are you interested in teaching placements other than public school settings after graduation?
(e.g. hospital, residential facility)

The purpose of this form is to summarize information relevant to your special education field experiences.
The information herein and a copy of your transcript may be made available to the cooperating teacher and other professionals who work with you.

Date: _____

Signature _____

8/8/06