

COLLEGE OF EDUCATION

WILLIAM PATERSON UNIVERSITY

Application for Graduate TSD Clinical Component

Instructions: Please type requested information within each cell. Once completed, print the application and provide it along with four copies of your Resume for Clinical Work to your advisor for review and signature. It is your responsibility to ensure that the application package is submitted to the Office of Field Experiences by the posted deadline.

First Name:

Last Name:

855#:

WP E-mail:

Home Phone:

Cell Phone:

Select ONE:

I am a teacher of record, have students with 504 plans and/or IEPs in my class and will be completing the TSD clinical in my classroom.

School District:

School:

I do not have any students with 504 plans or IEPs in my class(es) or I am not currently teaching and will need a placement to complete the special education clinical.

Address during clinical work (Street,
City, State)

Semester Requested (Fall, Spring, Summer)

By signing this form I acknowledge that:

- A. I must attend the clinical orientation at the beginning of the clinical semester. **(For all TSD candidates)**
- B. I will need to provide appropriate documentation related to this clinical internship: 1) a signed TSD District Permission Letter if completing in your own school **(Only for those completing the clinical in their own school.)** or 2) a NJ DOE Criminal History Background Report using WP reporting codes and possibly a substitute or teaching license and a current Mantoux test result, depending on the school district's requirements. **(Only for those in need of a clinical placement.)**

TSD Candidate Signature

Date

WP TSD Advisor Signature

Date