

**The Virginia Consortium for Teacher Preparation in
Early Childhood Special Education**

APPLICATION FORM FOR PARTICIPATION

Part I. Demographic Information

Date: _____

Name: _____ Date of Birth: _____

Home address: _____

Home telephone: (____) _____ E-mail: _____

Name of place of employment: _____

Name of your principal/supervisor: _____

Principal's/supervisor's phone number: _____

Work Address: _____

Work phone number: _____ Fax number: _____

Part II. Position and Experience

1. I am currently employed: ____ yes ____ (if no, will you be employed in the near future...please explain):

2. My current (or most recent if not now employed) position and title is: _____

3. I have been in this position for _____ years, from _____ to _____.

Note: If you are not currently employed by a school division, please indicate your primary reason for seeking enrollment in this ECSE Consortium:

<p>Note: If you are <u>not</u> currently employed by a school division, please indicate your primary reason for seeking enrollment in this ECSE Consortium:</p>

3. I am interested in the following (check all that apply):

- Endorsement in Early Childhood Special Education (ECSE)
- Master's degree plus endorsement in ECSE
- Part-time participation in M.Ed. program
- Full-time participation in M.Ed. program

4. Please check any or all that apply:

- I have been admitted to Lynchburg College as a:
- non-degree seeking student
- master's degree student
- I am in the process of gaining admittance to Lynchburg College
- I am a special education teacher with endorsements in the following areas:
- _____
- I am an ECSE teacher currently working on a provisional license. My provisional license will expire on _____ (month/year).
- I am a general education teacher interested in gaining licensure in SE/ECSE.
(Grade Level/Content Area: _____)
- I am a related services professional
(Describe: _____)
- Other (explain): _____

5. Please complete the following three questions about licensure:

- a) I have licensure to teach: YES NO
- b) I have the following current teaching endorsement(s) and/or professional licensure in Virginia (list):
- _____
- _____
- c) I have the following current teaching endorsement(s) and/or professional licensure in other states (name states):
- _____

6. My university education has included the following:

Degree	Subject	University	Year

7. My undergraduate major was: _____

8. My grade point average for graduate course work, thus far, is _____ (if applicable).

8. I am planning to take the following online course/s through this ECSE Consortium:

(mark all that apply)

- Medical Aspects (offered fall semesters)
- Curriculum and Instruction in ECSE (offered spring and summer semesters)
- Assessment in ECSE (offered fall semesters)
- Family Centered Interventions (offered spring semesters)
- Behavior management in ECSE (currently not offered online)
- Speech and language development (offered summer session)

Please note that this personnel connected with this Consortium are not in a position to verify which courses a student needs for licensure/endorsement. Students are encouraged to work with their school district's licensure specialists and/or VDOE to ascertain which courses they need.

Also, please be aware that substantiated un-professional and/or unethical behavior connected to this program can result in (a) notification to the student's school district, (b) notification to VDOE, and (c) immediate removal from the program.

Acceptance into the Consortium is dependent upon admittance to Lynchburg College.

Please **e-mail** your completed Consortium application to:

Glenn H. Buck, Ed. D.
 Lynchburg College
 1501 Lakeside Drive
 Lynchburg, VA 24501
 434-544-8689
 Email: buck@lynchburg.edu

