

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

APPLICATION FORM FOR PARTICIPATION

Part I. Demographic Information

Name: _____ Social Security #: _____

Date of Birth: _____ School Division: _____

Home address: _____

Work Address: _____

Telephone: H: (____) _____ W: (____) _____

E-mail: _____ Fax: _____

Part II. Position and Experience

1. My current (or most recent if not now employed) position and title in the school division is:

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

3. I am interested in the following (check all that apply): (You still need to apply to RU or LC)

_____ Endorsement in Early Childhood Special Education (ECSE)

_____ Master's degree plus endorsement in ECSE

_____ Part-time participation in MS program

_____ Full-time participation in MS program

4. Please check any or all that apply:

_____ I have been admitted to a university program at _____

(name of university: RU or LC): non-degree seeking or master's degree (underline one).

_____ I am a special education teacher

- (if yes, who do you teach?) _____ ECSE _____)
- _____ I am a general education teacher
(Grade Level/Content Area: _____)
- _____ I am a related services professional
(Describe: _____)
- _____ Other (explain): _____

5. Please describe your experiences with individuals having disabilities (especially preschool children at risk or with disabilities)

6. 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):

7. My university education has included the following:

Degree	Subject	University	Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. My undergraduate major was: _____

9. My undergraduate grade point average was: _____.

10. My grade point average for graduate course work thus far is _____.

11. If you have taken graduate credits toward a Masters degree, then how many graduate hours have you completed? _____ hrs. In what field(s)? _____

12. I am planning to take the following course/s through the ECSE Consortium: (mark all that apply)

- Medical Aspects
- Curriculum and Instruction
- Assessment
- Family Centered Intervention

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

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Email: buck@lynchburg.edu