

The dates for filing an application for Clinical Practice (Student Teaching) are:

Spring – August 21 to September 21*

Fall – November 21 to December 21*

If you are a **Blended Special Education Endorsement** candidate please see above.

The dates for filing an application for **Special Education Endorsement (Post Bac/Alternate Route Students ONLY)** Clinical Practice are:

Spring - August 21 to September 21*

Summer – January 1 to January 31*

Fall – February 1 to March 1*

*If the date falls on a weekend or holiday applications will be accepted on the following business day.

During the application period Teacher Candidates who will be eligible for Clinical Practice should:

- Read the instructions for completing the clinical practice applications.
- **Type and return two (2) copies** of the appropriate application(s) to the Office of Field Experiences **in person**. Do not staple or fold the applications. Faxed and/or mailed applications **WILL NOT** be accepted.
- All students must obtain a receipt from the Office of Field Experiences for all applications submitted. Please retain this receipt for your records.
- College of Graduate and Continuing Education (CGCE) applications must be submitted directly to your College of Education academic advisor. Please call to schedule an appointment.
- All candidates applying **after the deadline** date must appeal to the Clinical Practice Appeals Committee and will be assessed a late fee of \$100 if the appeal is granted. Application appeals will only be accepted up to one month after the application deadline. Please call (856) 256-4420 to schedule an appointment with the appeals committee.

If you have any questions regarding clinical practice, eligibility, or the application process please call (856) 256-4420 to schedule an appointment with your College of Education academic advisor. Plan ahead to ensure you are able to see your advisor prior to or during the application period.

SUBMIT APPLICATION DIRECTLY TO YOUR SPECIAL EDUCATION ADVISOR



Semester: _____ Year: _____ PRAXIS II (SPED) Score: _____

Office of Field Experiences
College of Education
Clinical Practice Application – Special Education

CANDIDATE DATA Part A

Name: _____ Rowan ID No: _____
 Address: _____
 City-State-Zip: _____ County: _____
 Phone Number: _____ Date of last TB test*: _____ CGCE: _____
 Major/Dual Major: _____ Rowan E-Mail**: _____
Residence during clinical practice: _____
Phone Number: _____ **Cell Phone:** _____ **County:** _____

**Provide Mantoux (TB) test results to the school nurse at your assigned school on the first day. Test must be done within six months of Clinical Practice start date.
** All e-mail correspondence will be through Rowan e-mail only.*

FORM #1 CANDIDATE DATA Part B

Each candidate must inform the Office of Field Experiences (OFE) of his/her current data for up to one year after completing clinical practice. Candidates must report data changes immediately to the Office of Field Experiences by submitting the Change in Candidate Data Form found on the OFE web site.

Please check the appropriate descriptor(s).

1. **Placement is combined general education/special education (Elementary Education & ECE only)**
Placement is an extension of initial clinical practice (Extended Candidates) **SIX WEEK PLACEMENT
 Fall Extension (January Start Date)
 Spring Extension (May Start Date)
2. **Placement Preference:** (Not applicable for combined students)
 a. Check Level Preferred: Elementary Middle School Secondary
3. **Indicate below each high school you have attended in New Jersey.** COE policy prohibits a candidate from being placed in school he/she has attended or has an affiliation (see #4).
 a. _____ (school) (city)
 b. _____ (school) (city)
4. **Do you have an affiliation with any school district?** (e.g., Are you or any member of your family currently or previously employed, have a volunteer position (Board Member), or attended a school in this district)? **YES** **NO**
If yes, please state the school and district, position, relationship to you and most recent date of affiliation:

5. **Do you have any special transportation needs that would affect your placement site?** **YES** **NO**
If yes, please explain below.

6. **Do you currently hold a valid NJ Substitute Teacher Certificate?** **YES** **NO**
 If yes, please attach a copy of your valid substitute certificate.

SUBMIT APPLICATION DIRECTLY TO YOUR SPECIAL EDUCATION ADVISOR



Semester: _____ Year: _____ PRAXIS II (SPED) Score: _____

Office of Field Experiences
College of Education
Clinical Practice Application – Special Education

CANDIDATE DATA Part A

Name: _____
 Address: _____
 City-State-Zip: _____ County: _____
 Phone Number: _____ Date of last TB test*: _____ CGCE: _____
 Major/Dual Major: _____ Rowan E-Mail**: _____
Residence during clinical practice: _____
Phone Number: _____ **Cell Phone:** _____ **County:** _____

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FORM #2 CANDIDATE DATA Part C

1. Praxis II (0354: Special Education: Core Knowledge & Applications)

a. Date Taken: _____
 b. Score: _____

2. Praxis II (Initial Subject Area): _____

a. Date Taken: _____
 b. Score: _____

3. Courses Completed in Endorsement Program (must be completed prior to Clinical Practice)

COURSES	DATE	GRADE
Human Exceptionality		
Positive Behavioral Support Systems for Students with Exceptional Learning Needs		
Teaching Literacy		
Differentiated Instruction in the Inclusive Classroom		
Differentiated Literacy Instruction		
Assessment of Students with Exceptional Learning Needs		
Assistive Technology & Transition Planning for Students with Exceptional Learning Needs		
Specialized Instruction for Students with Exceptional Learning Needs		

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Semester: _____ Year: _____ PRAXIS II (SPED) Score: _____

Office of Field Experiences
College of Education
Clinical Practice Application – Special Education

CANDIDATE DATA Part A

Name: _____ Rowan ID No: _____
Address: _____
City-State-Zip: _____ County: _____
Phone Number: _____ Date of last TB test*: _____ CGCE: _____
Major/Dual Major: _____ Rowan E-Mail**: _____
Residence during clinical practice: _____
Phone Number: _____ **Cell Phone:** _____ **County:** _____

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FORM #3 CANDIDATE DATA Part D

Prerequisite professional courses – must be completed prior to clinical practice

NOTICE TO APPLICANT

Clinical Practice at Rowan University is the culminating experience applying prior professional studies and knowledge of the teaching specialty previously developed. Clinical Practice should come near the end of the undergraduate studies. The candidate is responsible for fulfilling all the following necessary conditions for the Clinical Practice experience.

1. Formally matriculated into the Post-Baccalaureate Endorsement Program: Teacher of Students with Disabilities
2. A minimum overall GPA of 2.75 with a “C-” or better in all course work.
3. A minimum GPA of 3.0 in professional course work.
4. Completion of required program courses.
5. Permission of Program Advisor
6. **Passing score on Praxis II: Special Education: Core Knowledge & Applications Test Score _____**
PLEASE NOTE: APPLICATIONS WILL NOT BE ACCEPTED WITHOUT PRAXIS SCORES.
7. **The candidate must maintain the above conditions in order to be eligible for clinical practice.**

I READ AND UNDERSTAND THE ABOVE STATEMENT.

Candidate:

_____ (signature) _____ (date)

TO BE COMPLETED BY PROGRAM ADVISOR

As of this date and a review of past and current courses, this student is tentatively eligible for a clinical practice assignment. However, candidate must maintain grades for future required courses as outlined above.

Approved by:

_____ (Candidate Advisor) _____ (date of approval)

ROWAN UNIVERSITY
College of Education
Certification Program Eligibility Affidavit

This form is to be completed by those students who are applying for entrance into a teacher education certification program. The State of New Jersey will not issue a teaching certificate, in most cases, to anyone with a criminal history per N.J.A.C. 18A:6-7.1.

I, _____, swear/affirm that I have not been convicted nor do I have any charges pending for the following crimes or offenses:

Any crime of the first or second degree;

Any crime bearing upon or involving sexual offense or child molestation, as set forth in Chapter 14 of Title 2C of the New Jersey Statutes;

Any crime of endangering the welfare of a child or an incompetent person, including sexual conduct which would impair or debauch the morals of a child or incompetent, pursuant to N.J.S.A. 2C:24-4 and N.J.S.A. 2C:24-7;

A crime of child abuse, abandonment, cruelty or neglect, pursuant to N.J.S.A. 9:6-1 et seq.;

An offense of resisting arrest or eluding an officer, pursuant to N.J.S.A. 2C:29-2;

An offense involving the possession, manufacture, transportation, sale, distribution or habitual use of a "controlled dangerous substance" as defined at N.J.S.A. 2C:35-1 et seq. or of "drug paraphernalia" including hypodermic needles as defined pursuant to N.J.S.A. 2C:36-1 et seq.;

Any crime involving the use of force or the threat of force to or upon a person or property, including, but not limited to, robbery, aggravated assault, stalking, kidnapping, arson, manslaughter and murder;

Any crime of possessing weapons, as set forth in N.J.S.A. 2C:39-1 et seq.;

A third degree crime of theft or a related offense, as set forth in N.J.S.A. 26:20-1 et seq. or Chapter 20 of Title 2C (theft);

Recklessly endangering another person, N.J.S.A. 2C:12-2;

Issuing terroristic threats, N.J.S.A. 2C:12-3;

Criminal restraint, N.J.S.A. 2C:13-2;

Luring or enticing a child into a motor vehicle, structure or isolated area, P.L. 1993, c. 291;

Causing or risking widespread injury or damage, N.J.S.A. 2C:17-2;

Criminal mischief, N.J.S.A. 2C:17-3;

Burglary, N.J.S.A. 2C:18-2;

Usury, N.J.S.A. 2C:21-19;

Threats or other improper influence, N.J.S.A. 2C:27-3;

Perjury and false swearing, N.J.S.A. 2C:28-3;

Escape, N.J.S.A. 2C:29-5; or

Conspiracy to commit or an attempt to commit any of the crimes described above.

I have read and understand this statement to be true and accurate. I am aware that if I sign this statement and the statement is false I could be subject to punishment. Further, I agree to inform Rowan University immediately if I am charged with or convicted of any of the above listed crimes or offenses subsequent to the date of my signature.

Candidate Signature

Date

Witness Signature
(Must be 18 years of age or older)

Date

**If you are uncomfortable in signing this certification, contact the Executive Director,
Student Services Center, Office of Field Experiences, or your advisor for guidance.**