



**Morningside College Graduate Program**  
**1501 Morningside Avenue, Sioux City, Iowa 51106**  
**Application for Instructional Strategist I: Internship**

- Internship application must be received by April 15 for fall, September 15 for spring, and January 15 for summer.
- Submission does not guarantee approval.

**Student Information:** (Please type or print)

<b>Name:</b>	<input type="checkbox"/> SPED 641: IS1: K-6 <input type="checkbox"/> SPED 642: IS1: 7-12
<b>Address:</b>	<b>Student ID#:</b> <b>SSN:</b> -                      -
<b>City:</b>	<b>Accepted to Grad Program:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>State:</b> <b>Zip:</b>	<b>E-mail:</b>
<b>Home Phone:</b> <b>Cell Phone:</b> <b>Work Phone:</b>	<b>Internship Application For:</b> (Choose One) <input type="checkbox"/> Fall 2009 <input type="checkbox"/> Spring 2010 <input type="checkbox"/> Summer 2010 (Special Permission Only)

**Internship Site:**

<b>School:</b>	<b>School Level:</b> <input type="checkbox"/> K-6 <input type="checkbox"/> 7-8 <input type="checkbox"/> 9-12
<b>Address:</b>	<b>School Phone:</b>
<b>City:</b>	<b>State:</b> <b>Zip:</b>
<b>School Administrator:</b> <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	

Are you the teacher in this classroom?  Yes  No If not, please attach a letter from the building administrator giving you permission to do your internship in this classroom.

For each student served in this classroom, please identify (*no names please*) the grade, program level (L1, L2, and L3) and percentage of removal from general education. If additional space is needed, please attach another sheet.

Grade/Level/Percentage:

**All course work must be completed before enrolling in the internship.**

List when and where you took the following classes:

<b>COURSES</b>	<b>WHEN TAKEN</b>	<b>WHERE TAKEN</b>
Survey of Exceptionalities	_____	_____
Developmental Reading (K-6 only)	_____	_____
324G Reading in the Content Area (7-12 only)	_____	_____
361G Intro to Mild/Moderate Disabilities	_____	_____
407G Diagnostic Teaching of Math and Practicum	_____	_____
414G Diagnostic Teaching of Reading and Practicum (K-6 only)	_____	_____
431G Applied Behavioral Analysis	_____	_____
531/532 M/M Methods and Practicum	_____	_____
551 Educational Assessment	_____	_____
672 Special Education Law	_____	_____
676 Collaborative Partnerships and Transition    OR	_____	_____
402G/455G School-Parent Collaboration/Transition	_____	_____

<b>Student Signature:</b>	<b>Date:</b>
<b>For Office Use Only:</b> <input type="checkbox"/> Approved / <input type="checkbox"/> Denied <b>College Rep:</b>	<b>Supervisor:</b>