

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



Morningside College Graduate Program
1501 Morningside Avenue, Sioux City, Iowa 51106
Application for Instructional Strategist II: Internship
K-12 Instructional Strategist II: MD (SPED 678)

Student Information:

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

Internship Site:

School:	Classroom Grade Level: <input type="checkbox"/> K-6 <input type="checkbox"/> 7-8 <input type="checkbox"/> 9-12
Address:	School Phone: () -
City:	State: Zip:
School Administrator: <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:

Attach a copy of your valid CPR certification to your application.

COURSES	WHEN TAKEN	WHERE TAKEN
Survey of Exceptionalities	_____	_____
390G Introduction to Mental Disabilities	_____	_____
431G Applied Behavioral Analysis	_____	_____
551 Educational Assessment	_____	_____
644 Assistive Technology	_____	_____
645 Language Development/Communication Disorders	_____	_____
646 Curriculum Development and Assessment	_____	_____
672 Special Education Law	_____	_____
675 Functional Curriculum/Instruction & Practicum	_____	_____
676 Collaborative Partnerships and Transition OR	_____	_____
402G/455G School-Parent Collaboration/Transition	_____	_____

(Please continue to next page.)

The Morningside College experience cultivates a passion for life-long learning and a dedication to ethical leadership and civic responsibility.

Student Name: _____

Experience Documentation:

Additional information is needed to determine whether or not it would be appropriate for you to complete the internship in your classroom to ensure that you meet the requirements for your endorsement. The licensure officer also will need this information when you apply to add the endorsement to your teaching license.

“Chapter 15: Requirements of Special Education Endorsements,” Sections 15.2(16) h and 15.2(17) h state:

“Student teaching. Student teaching in programs across the age levels of this endorsement. If the student teaching program has a unique age-level emphasis (e.g., K-6 or 7-12), there must be planned activities which incorporate interactive experiences at the other age level.”

This information indicates that you need to have experience at both age levels (K-6 and 7-12) to be able to qualify for a K-12 endorsement. Please complete the information requested below for the MD practicum class that is required for the IS2: MD endorsement.

Practicum Experiences:

SPED 675 Functional Curriculum/Instruction & Practicum	Elementary Experience	Secondary Experience
Practicum Location		
Dates Completed		
Hours Completed		
Grade and Class Size		
Completed in classroom serving students with severe disabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please write a short summary of your experience with special education students documenting 1) the locations, 2) the students’ grade levels, 3) the length of time, and 4) the level of the IEPs. If you need additional space, please attach to this form.

Prior Teaching Experience:

Location	Student Grade Level	Length of Time	IEP Level

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