

Early Childhood Special Education Licensure Program

ECSE Internship Application Checklist

Last Name _____ First Name _____ G# _____

I have passed the following*:

Yes	No	Praxis I (or ACT or SAT)
Yes	No	VCLA (must pass before final internship)
Yes	No	Child Abuse and Neglect Training Course

*If any tests have not been passed, indicate date scheduled to take test.

Submit four copies of the following to Lauren Clark, the Field Relations Support Specialist, in Robinson A 308 by September 15 for Spring placement and February 15 for Summer and Fall placements:

- ____ Completed application signed by an academic advisor
- ____ Current resume
- ____ A one- to two-page, double-spaced, typed goal statement related to the internship
- ____ Unofficial Mason transcript (may be obtained from PatriotWeb at <https://patriotweb.gmu.edu>)
- ____ Copy of passing Praxis I
- ____ Copy of passing VCLA score or documentation that the student has registered for the tests
 - If documentation of passing score is not submitted at the time of the application, documentation must be provided prior to beginning the internship. Students will not be permitted to begin the internship unless they have obtained a passing score on the VCLA.
 - If you don't have a copy of your passing VCLA scores, please request one from www.va.nesinc.com.
- ____ Certificate of successful completion of the online child abuse and neglect training
- ____ Negative TB test results (must be current within a year of the internship)

Please note that the application deadlines are September 15 and February 15. Late applications will not be accepted.

I certify that I have included the items checked on the list.

Signature

Date

Early Childhood UTEEM Triple Licensure
George Mason University
College of Education and Human Development
 Graduate School of Education
 Robinson A308, MSN 4B4
 4400 University Drive
 Fairfax, VA 22030-4444
 (703) 993-9777
 Fax (703) 993-2078

Application for Internship

<p>School Divisions (TO BE COMPLETED BY ECE OFFICIAL ONLY)</p> <p> <input type="checkbox"/> Alexandria City <input type="checkbox"/> Manassas City <input type="checkbox"/> Falls Church City <input type="checkbox"/> Manassas Park <input type="checkbox"/> Fairfax County <input type="checkbox"/> Prince William County <input type="checkbox"/> Loudoun County <input type="checkbox"/> Arlington County <input type="checkbox"/> Other _____ </p>	<p>To be completed by the student</p> <p>Semester: ___ Fall ___ Spring</p> <p>Year: _____</p> <p>Placement: _____ Infant/Toddler # of Credits _____</p> <p style="text-align: right;">_____ Preschool # of Credits _____</p>
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Name: _____

Last
First
Middle Initial
Student G #

Current Address: _____

Street
City
State
Zip
GMU E-Mail Address

Current Phone: Day _____ Evening _____

For the jurisdictions where you may be placed, list schools you attended, any school in which immediate family members are employed, or where you have children attending.

Licensure: Early Childhood Special Education (ECSE)

<p>I certify that I have completed all endorsement requirements and pre-requisites and will conduct myself in a professional manner at all times during my internship. I understand that all placements are made through the Field Relations Support Specialists Office in consultation with ECE faculty. Should I withdraw or defer my application, I am also responsible for all fees incurred and for alerting my University Supervisor, Program Advisor, and the Field Relations Support Specialist via a written request.</p>	
Student: _____ (Signature Required)	Date: _____

<p>I certify that the student has completed all endorsement and other requirements to participate in this internship and meets the standards for a professional disposition.</p>	
Advisor: _____ (Signature Required)	Date: _____

Please note your college/university (Guest Matriculants Only): _____

Language(s) spoken in addition to English: _____

FOR UNIVERSITY AND SCHOOL USE ONLY

Recommendation for Internship Placement

School: _____

Telephone Number: _____

Subject/Grade Level(s): _____

Beginning and Ending Dates: _____

Cooperating Professional: _____

University Supervisor: _____

Comments: _____