

Early Childhood Education Special Education Practicum Application
DePaul University College of Education

Name **DePaul ID**

Email:

Signature **Date**

Application must be submitted ONE YEAR prior to requested practicum quarter.

Request

_____ **Primary Special Education Self-contained Class**

Indicate practicum quarter

-----**Autumn Quarter 2011**

_____ **Autumn Quarter 2012**

_____ **Winter Quarter 2012**

-----**Spring Quarter 2012**

_____ **Summer Quarter 2012**

School Preferences

1.

2.

Indicate Preferences:

Monday

Mornings

Tuesday

Afternoons

Wednesday

Thursday

Friday

Submit completed form to Gayle Mindes gmindes@depaul.edu or SAC 387

DEADLINE: ONE YEAR PRIOR TO PRACTICUM QUARTER