



Request for Experiential Substitution Form

For SPED 495/695

K-12 SPED Program – Verification of _____ hours

Name _____ Student ID# _____ Date _____

I understand that I can request up to half of the practicum hours in the field to be waived. I must also meet all the course requirements and assignments.

I am formally requesting that my previous experience be counted as meeting the outcomes of SPED 495 (Pre-Student Teaching Practicum). These outcomes are to:

Have an opportunity to **do directed observation and provide extensive instructional assistance** to a teacher in a SPED classroom.

- (1) **Plan** at least four lessons for SPED instruction or modify existing lesson plans when subbing
- (2) **Lead instruction** for a minimum of four lessons in the SPED classroom.
- (3) **Assess student learning** after completing instruction of the lessons taught.
- (4) **Observe** the IEP process.

OR work as a para-professional taking over the duties of the teacher when needed. Experience is current.

Candidate: Please provide verification of successful work experience by having the school principal or other supervisor complete the following information.

Principal/Supervisor: The candidate named above is requesting that her/his **previous work experience in your school** be substituted for the SPED 495 practicum coursework. Please complete the information below.

Name of School _____

Position Held by Candidate _____

Job Responsibilities _____

Amount of Time in Position _____ Grade Level(s)/Content Area(s) _____

Please verify whether or not the candidate has met all of the outcomes noted above, check the appropriate statement below, and return the form directly to the Director of Field Experiences.

_____ Based on the outcomes noted above, I recommend that the candidate's experience substitute for SPED 495

_____ Based on the outcomes noted above, I cannot recommend that the candidate's experience substitute for SPED 495

I verify that the information stated above is accurate and recommend that the experience substitute for SPED 495 Name

and Email of Principal _____

Signature of Principal _____ Date _____

Director of Field Experiences Only. _____ Request Approved _____ Request Denied

Signature of Director of Field Experiences _____ Date _____

BHSU School of Education – Field Experiences Office; 1200 University Unit 9038, Spearfish, SD 57799

Or email the form to Director: Jami Kesling @ Jami.Kesling@BHSU.edu