**ASSOCIATED COLLEGES OF CENTRAL KANSAS**



**APPLICATION FOR CLINICAL EXPERIENCE or INTERNSHIP**

**MARK ONE and indicate number of hours required:**

**\_\_\_\_\_ SPED 451 (Gr PreK-12 Clinical) \_\_\_\_\_ SPED 453 (Gr PreK-12 Internship)**

**SPED 431 (Gr K-6 Clinical) SPED 433 (Gr K-6 Internship)**

**SPED 471 (Gr 6-12 Clinical) SPED 473 (Gr 6-12 Internship)**

* SPED 499: Capstone Issues may be taken concurrently or the semester following clinical experience or internship.
* Proof of a negative TB test, liability insurance, and a signed felony statement are required for this clinical/internship.
* Application for this clinical/internship must be completed the semester PRIOR TO taking the course.

**APPLICATION DEADLINES**

For Fall Placement - 2nd Friday in March

For Spring Placement: - 3rd Friday in October

* You MUST have ACCK PROGRAM ACCEPTANCE prior to taking this clinical experience or internship (program acceptance application DUE 1st Friday in January).

**NAME** **DATE** **College**

**Current Mailing Address**

street

city state zip

**Day phone** **Evening Phone**

**Cell/Other phone** **E-mail**

**Classification** (circle one) FR SO JR SR Post B.A./B.S.

**Note when the previous ACCK course(s) were taken** (if applicable):

SPED 310 (Foundations) SPED 381 (4-12 Methods)

SPED 315 (Gen. Methods) SPED 321 (K-6 Methods)

SPED 345 (Behavior Management) SPED 361 (6-12 Methods)

SPED 341 (PreK-3 Methods) Other (note course and when taken)

**WHERE WOULD YOU LIKE TO BE PLACED FOR THIS CLINICAL/INTERNSHIP EXPERIENCE?**

**1st Choice:**

**School and Town**

**Teacher** (if known) **Principal** (if known)

**2nd Choice:**

**School and Town**

**Teacher** (if known) **Principal** (if known)

**Have you completed a previous ACCK field experience at this site?** (If so, note course and date)

**Where and when will you complete your general education student teaching?** (if known)

**COLLEGE CAMPUS ADVISOR’S APPROVAL Date**

**(Signature Required)**

Return application to Terri Smidt, ACCK, 210 S. Main, McPherson, KS 67460

Fax: 620-241-5153 e-mail: [terri@mail.acck.edu](mailto:kim@mail.acck.edu)