

## Practicum Application Visual Impairment Consortium for Teacher Preparation (VICTP)

This form should be submitted after approval of plan of study and completion of first semester of courses. Minimum requirements for Practicum Experience: not less than 8 weeks of directed student teaching in the area of visual impairment for those seeking VI as a first special education endorsement; not less than 180-clock hour practicum in the area of VI for those pursuing this as an additional special education endorsement.

Name:					
Address:					
City:			State:	Zip:	
Phone: (H)			(W)		
Email:					
Current Employ	ment:				
Semester:	Fall	Spring	Summer	Year	
I am requesting	g to compl	ete the pract	icum:		
In my own classroom  In a setting arranged by the university  Please attach a résumé and a description of your Professional Setting (if applicable).					
Please attach a	résumé a	nd a descript	ion of your Professional	Setting (if applicable).	
Please include type of classroom, age range, and number of students identified with a visual impairment					
Documentation	n attache	ed:			
Transcripts for applicable courses or approved equivalent resume					
Description of Professional Setting (if applicable)					
Contract (if	applicable	)			
Action: A	pproved	Denied	d Need addition	al documentation	
Comments:					
Advisor Signatu	ıre:			Date:	
Printed Advisor	Name:				
Practicum Placement:					