

## SPECIAL EDUCATION STUDENT TEACHING & INTERN PERMISSION REQUEST

Dear Principal -

The teacher, teaching assistant, or paraprofessional whose name appears below has applied to be enrolled in a special education student teaching course. Once enrolled in the course, the student teacher will be assigned to a Lehman faculty member who will visit your school [possibly remotely or through videotaped lessons] several times to observe the student teacher while he or she is teaching.

To give permission for the applicant to participate in the student teaching course while employed at your school, please carefully read this form and complete the bottom portion. As per state initial certification requirements, student teachers may be required to complete the edTPA, which will include videotaping five lessons during student teaching. Visit this link for more information about this requirement: [https://www.edtpa.com/PageView.aspx?f=GEN\\_NewYork.html](https://www.edtpa.com/PageView.aspx?f=GEN_NewYork.html). certification

Please also note the following requirements for Lehman College special education student teachers, as well as for NYS certification:

a) Placement correlates to the developmental age of certification (see chart below).

Certification Age/Grade Range <sup>†</sup>	Required Age Groups/Grades for Field Experiences* *10 weeks with one grade/edTPA AND 4 weeks in second experience (if student is receiving dual certification)		
Birth through Grade 2	Pre-Kindergarten, Kindergarten	← AND →	Grades 1 through 2
Grades 1 through 6	Grades 1 through 3	← AND →	Grades 4 through 6
Grades 5 through 9	Grades 5 through 6	← AND →	Grades 7 through 9
Grades 7 through 12	Grades 7 through 9	← AND →	Grades 10 through 12

- b) There are at least 5-10 students with disabilities (IEPs or IFSPs) in the classrooms (including disabilities other than speech/language).
- c) Candidate will be able to spend the entire day immersed in a special education or integrated co-teaching (ICT) environment.
- d) A cooperating teacher is available to mentor the candidate and must have 3 years of special education certification in order to qualify as a cooperating teacher by the state.
- e) If the candidate is a 1-to-1 paraprofessional, he/she will not be able to continue in that position for the entirety of student teaching.
- f) In addition to working with students across their proposed certificate age range, dual certificate candidates must spend 10 weeks in a special education setting and 4 weeks in a general education setting. Students enrolled in bilingual extension programs must also complete a portion of their student teaching experience in a bilingual setting.
- g) **If applicable: This candidate also is pursuing the following New York State certification(s) which may have additional requirements:**

<input type="checkbox"/> DUAL CERTIFICATION: Requires experience in ICT class OR general education class for 4 weeks
<input type="checkbox"/> BILINGUAL CERTIFICATION EXTENSION: Requires at least 50 hours in bilingual experience
<input type="checkbox"/> Candidate and Principal are aware that if these experiences are not available at your school, candidate may need to complete some of his/her NYS certification requirements in another school AND added certification hours cannot be combined.

I appreciate your cooperation and support. If you have any questions about student teaching or if there is anything you would like to discuss regarding the student teaching applicant, **please contact Dr. Sheila Blachman at [Sheila.Blachman@lehman.cuny.edu](mailto:Sheila.Blachman@lehman.cuny.edu)**.

Sincerely,  Leslie Lieman, Director, Clinical Practice & Partnerships, Lehman College: School of Education

TEACHING APPLICANT

Semester and Year of Student Teaching: \_\_\_\_\_ Student's Program of Study \_\_\_\_\_

Student Teaching Applicant Name: \_\_\_\_\_

Cooperating Teacher: \_\_\_\_\_

Cooperating Teacher Contact Info. (Tel. or Email): \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tel.: \_\_\_\_\_ Region: \_\_\_\_\_ District: \_\_\_\_\_

PRINCIPAL

I, \_\_\_\_\_ (principal's name), the principal of \_\_\_\_\_ (school), give permission for \_\_\_\_\_ (name of student teaching applicant) to complete the required Lehman College student teaching experience while employed at my school.

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date