



Graduate Application for Admission
Special Education Programs – College of Education
Western Oregon University
Monmouth, Oregon

BEFORE you can be admitted to WOU Special Education programs, you need to complete and submit the following to the Graduate Programs Office:

WOU Graduate Student Application with \$60 fee. This application is available at:

<http://www.wou.edu/graduate/files/2015/05/GraduateApplication.pdf>

Complete and submit the Special Education Programs **application form by the specified deadline:**

You may complete the following form using a computer with Adobe Reader (.pdf file) or in writing. Please send the completed application to:

**Special Education Programs
Western Oregon University
RVEC 120 – 345 N. Monmouth Avenue
Monmouth, Oregon 97361**

If you think your mailed application may miss the deadline, you have two options to submit your completed application – and please be sure to mail the application after you do one of the following:

- 1. You can fax the application to the College of Education fax number: 503-838-8228 – please write/print on the cover sheet: Attention: Special Education Programs.**
- 2. You can e-mail the application as an attachment to:
special@wou.edu**

NOTE: (a) The three (3) Confidential References MUST be mailed directly to the WOU Special Education Programs (address is above) – you must NOT submit the completed reference forms with your application.

(b) Please have your **official transcripts sent to Graduate Studies Office at the address below.**

**Graduate Programs
Western Oregon University
ADM 107 – 345 N. Monmouth Avenue
Monmouth, Oregon 97361**



Graduate Application for Admission
Special Education Programs – College of Education
 Western Oregon University
 Monmouth, Oregon

Date of Application: _____ Beginning year: 20 _____

Program(s) to be completed:

- Master's Degree License/Endorsement Special Educator
 ASD Specialist EI/ECSE

Please print clearly or type the following – you may attach additional pages if you need more space – please use the appropriate title(s) on the additional sheet(s):

<i>Last name</i>	<i>First name</i>	<i>Middle name</i>	<i>Previous name, if any</i>
Social Security Number: _____	Present Position: _____		
Permanent Address:			
<i>Street</i>	<i>Apt #</i>	<i>PO Box</i>	
<i>City</i>	<i>County</i>	<i>State</i>	<i>Zip</i>
Current Mailing Address: (if different from above)			
<i>Street</i>	<i>Apt #</i>	<i>PO Box</i>	
<i>City</i>	<i>County</i>	<i>State</i>	<i>Zip</i>
Phones:			
<i>Home</i>	<i>Work</i>	<i>Cell</i>	
Email Address 1: _____			
Email Address 2: _____			

Degree(s) currently held:

NOTE: Please attach a photocopy of your transcripts from the school(s) where you earned your degree(s). Please have official transcripts sent directly to the WOU Graduate School.

Degree	University	Year Awarded	Major / Minor

Teaching License(s)/Endorsement(s) held: Complete the following and send a photocopy of your most recent Oregon teaching license to the WOU Special Educator Program (see address on this webpage):

Licenses/Endorsements Held	State	Date Issued	Date Expires

Educational History: List college(s) attended, date of degree, major and minor (if applicable). Indicate date of anticipated receipt of degree you are now working on. Attach copy of most recent transcripts for each school listed.

College	Dates Attended	Major	Minor	Degree and Date Awarded

Grade Point Average:

Undergraduate cumulative grade point average _____ on a _____ point scale
 Current graduate grade point average: _____ on a _____ point scale
 Special Education courses grade point average _____ on a _____ point scale
 (if applicable)
 GPA of last 90 credit hours _____ on a _____ point scale

Academic Honors, Scholarships, Awards: List all academic honors, prizes, scholarships or awards you have received during your college or professional career (*attach additional pages if needed*).

Award Name	Awarded by	Month & Year

Employment History: Itemize all paid employment including part-time work (last five years or most recent):

Position	Employer	Duties	Date		Reason for Leaving	Name and Contact Information for Supervisor
			From mm/yy	To mm/yy		

Supervised Teaching/Field Experiences: List supervised field experiences completed (e.g. student teaching, clinic, and practica).

Describe Type of Field Experience	Location (city, state)	Population with Whom You Worked	Ages of Students/Clients in This Setting	Name and Contact Information of Supervisor

Leadership & Volunteer Experiences: List extra-curricular activities in college or community that would show involvement and leadership. Include volunteer experiences.

Activity / Duty	Agency & Location	Supervisor	Time Involved

Confidential References: Please list below the names and addresses of the **three (3)** current and/or former professionals you will ask to complete and submit a *Confidential Reference* form.

Note: Each completed *Confidential Reference* form **must** be sent in a sealed envelope **directly** to the WOU Special Education Programs by the individual providing the recommendation.

Name	Position	Address	Phone Number	E-mail

Professional Goals: What are your *immediate* and *long-range* professional goals after you have completed your academic preparation? Include the degree of certainty of serving in the field for which this application is made. Please write in paragraph form (attach additional paper if needed).

Immediate (1-5 years):

Long-Range (6-10 years):

I certify that the information provided above is true. I also understand that the *Applicant Recommendations* under **References** are confidential and must be sent in a sealed envelope directly to the WOU Special Educator Program by the individual providing the recommendation.

Signature: _____

Date: _____

Send or take your completed application to:

Western Oregon University
Special Educator Program
RWEC 120 – 345 N. Monmouth Avenue
Monmouth, Oregon 97361
Phone: 503-838-8471
Fax: 503-838-8228
keenj@wou.edu

CHARACTER QUESTIONS

You must answer each question either "yes " or "no" whichever is true. Explain each "yes" answer in detail on a separate sheet.

1. Have you ever left any educational or school-related employment, voluntarily or involuntarily, while the subject of an inquiry, review or investigation of alleged misconduct or alleged violation of professional standards of conduct or when you had reason to believe such investigation was imminent? 1. _____
2. Are you currently the subject of an inquiry, review or investigation for alleged misconduct or alleged violation of professional standards of conduct? 2. _____
3. Have you ever failed to complete a contract for educational services in any educational or school-related position, or for any alleged misconduct or alleged violation of professional standards of conduct been placed on leave by your employer or left such employment prior to the end of the contract term? 3. _____
4. Have you ever had a professional certificate, credential or license (of any kind) revoked or suspended or have you been placed on probationary status for any alleged misconduct or alleged violation of professional standards of conduct? 4. _____
5. Have you ever been denied a professional license for which you applied or granted a professional license on a conditional or probationary basis for any alleged misconduct or alleged violation of professional standards of conduct? 5. _____
6. Have you ever surrendered a professional license of any kind before its expiration? 6. _____
7. Have you ever been disciplined by any public agency responsible for licensure of any kind, including but not limited to educational licensure? 7. _____
8. Have you ever been convicted or been granted conditional discharge by any court for: (a) any felony; (b) misdemeanor; or (c) any major traffic violation, such as: driving under the influence of intoxicants or drugs; reckless driving; fleeing from or attempting to elude a police officer; driving while your license was suspended, revoked or used in violation of any license restriction; or failure to perform the duties of a driver or witness at an accident? 8. _____
9. Have you ever been arrested or cited for any offense listed in question (8) above which is still pending in the court? 9. _____
10. Have you ever entered a plea of *Guilty* or *No Contest* relative to any charge for an offense listed in question 8? 10. _____
11. Have you ever had any civil judgment or other court order entered against you resulting from abuse, assault, battery, harassment, intimidation, neglect, stalking, or other threatening behavior toward other persons? 11. _____

- NOTES:**
- 1. Any false statement knowingly made in this application is grounds for revocation or suspension of your license. If in doubt, disclose and explain rather than conceal. If you answer "no" to questions 8 through 11 based upon an "expungement" order, "setting aside" or "sealing" of a record of a conviction or conditional discharge, you must personally verify with the court directly involved that the expungement, setting aside or sealing actually has taken place. An erroneous belief that a conviction has been expunged, set aside or sealed, when in fact it has not, will be deemed a false statement.**
 - 2. If you answer "yes", a certified true copy of the court records must accompany this application (if not previously submitted to TSPC).**

Signature and the Date

I hereby certify that the information submitted on or relating to this form is **true and correct** and grant the Commission permission to check civil or criminal records to verify any statement made on this application. The Commission may deny or revoke permission for student teaching or final practicum upon evidence that I knowingly made any false statements on this form. I also grant the Commission permission to release any information related to these character questions to the institution supervising my practicum, internship and/or student teaching.

Signature of the student teacher or practicum applicant

Date



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CONFIDENTIAL REFERENCE FORM

To the Applicant: Please fill in the information in the box below and then give each of the three Confidential Reference Forms to a different current or former supervisor / colleague and ask him/her to complete and sign it.

Applicant's Last name	First name	Middle name	Previous name, if any
Program(s) to be completed:			
<input type="checkbox"/> Master's Degree	<input type="checkbox"/> License/Endorsement	<input type="checkbox"/> Special Educator	
<input type="checkbox"/> ASD Certificate	<input type="checkbox"/> ASD Specialist	<input type="checkbox"/> EI/ECSE	

To the Reference: **This Applicant Reference Form is confidential and must be sent in a sealed envelope directly to the **WOU Special Education Program, RWEC 120 – 345 N. Monmouth Ave, Monmouth OR 97361**, by the individual providing the reference. Please print clearly or type the following – you may attach additional pages or write on the back of this form if you need more space.**

In what capacity and for how long have you known this applicant?

	Exceptional (Top 5%)	Excellent (Top 15%)	Average or above	Below Average	Poor (Bottom 15%)	No opportunity to observe
1. Degree of mastery of the fundamental knowledge in the field.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Ability to use effective techniques basic to the field.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Degree to which applicant displays imagination and originality in the field.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Ability to express self in speaking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Ability to express self in writing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Degree of success in interpersonal relations with staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Ability to develop rapport with children/youth/clients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Professional growth during the period you have observed the applicant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Motivation toward achieving a successful career as a special educator.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Ability to manage learning environment and student/client behavior.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Degree of emotional stability and maturity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Degree to which applicant seeks own answers through independent research & thinking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Summative Evaluation: Your estimate of the applicant's overall ability to do work in the field and the level selected.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Applicant's greatest strength(s): _____ Applicant's greatest need(s)/challenge(s): _____						
15. Please add descriptive comments that will assist in providing a complete picture of the applicant's abilities and potential to do high quality study. <i>Please write or type additional comments on the reverse side of this page.</i>						

Reference's Signature	Date		
Reference's Full Name (type/print)	Title	Work Phone	Cell Phone
Reference's Full Address	Employer/School/District		Preferred E-mail



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_____ <i>Reference's Signature</i>	_____ <i>Date</i>		
_____ <i>Reference's Full Name (type/print)</i>	_____ <i>Title</i>	_____ <i>Work Phone</i>	_____ <i>Cell Phone</i>
_____ <i>Reference's Full Address</i>	_____ <i>Employer/School/District</i>	_____ <i>Preferred E-mail</i>	



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