

Northwest Missouri State University
College of Education and Human Services
Educational Field Experiences

SPECIAL EDUCATION MAJORS VERIFICATION REPORT

DIRECTIONS: All special education student teachers and practicum students MUST complete this report and send it to the TESS Office (Administration Building 253) as soon as your students are assigned.

Course # _____ Course Title _____ Semester _____ Credit Hours _____

I, _____, _____, utilized
(name of student) (919#)

_____ to complete my special education student
(name of school)

teaching or practicum. This school has a Mild/Moderate/Cross-categorical, State-approved program for exceptionality. I will fulfill the requirements set forth and have been assigned to the following students.

In this placement, I worked with the following number of students with Mild/Moderate/Cross-categorical disabilities at the following levels:

Total number of students: _____

Grade level of students (Put a check by all that apply)

- PK:
- K:
- 1st Grade:
- 2nd Grade:
- 3rd Grade:
- 4th Grade:
- 5th Grade:
- 6th Grade:
- 7th Grade:
- 8th Grade:
- 9th Grade:
- 10th Grade:
- 11th Grade:
- 12th Grade:

I hereby certify this is correct

Student Signature: _____ Date: _____

Cooperating Teacher's Signature: _____ Date: _____