

AURORA UNIVERSITY DISABILITIES STUDIES PROGRAM

**Directions for Completing Disabilities Studies Application**

**Special Education (SPED 4400)**

1. **PREREQUISITES:** You must complete all prerequisites for the Disabilities Studies Internship before the semester of your placement, unless permission is given by Dr. Kathleen Bradley.
2. **COMPLETE APPLICATION:** Fully complete the attached application. There are two parts to the application. The “Disabilities Studies Internship Application” is used by the Field Experience Office to determine a placement site. The “Candidate Information Form” is sent to the agencies to assist in the placement decision. **Proofread and use professional grammar and spelling. Agency administrators read your Candidate Information Form to learn about you. Make a good first impression!**

**Need help?** [**http://aurora.edu/academics/resources/learning-center**](http://aurora.edu/academics/resources/learning-center)

1. **KEEP A COPY:** Save this file to your computer as an MS Word document with an appropriate title such as “disabilities studies app”. Keep a hard copy for your files; computer hard drives crash sometimes!
2. **REVIEW CAREFULLY:** Review your application for accuracy. Incomplete or incorrect applications will be returned.
3. **SUBMIT: Using your Aurora University email account**, send the fully completed form as an attachment to [coefield@aurora.edu](mailto:coefield@aurora.edu). Paper copies will not be accepted. In the subject line of the email, please place:
   * your full name
   * student ID number
   * semester and year requesting (Spring 2017, Fall 2016…)

***Example: John Doe, # 012456, Fall 2016, Disabilities Studies***

1. **KEEP CONFIRMATION:** When your email is sent to [coefield@aurora.edu](mailto:coefield@aurora.edu), a confirmation of your email should be returned to you. **Save this confirmation and your sent email.** Do not call or email to confirm receipt of your application at this time.
2. **WATCH YOUR EMAIL:**  Be sure your AU email account is functioning. All placement correspondence will be sent to your AU email ONLY!
3. **PLACEMENT NOTICE AND ORIENTATION:**Shortly before your placement begins you will be expected to attend a mandatory orientation event. Notice of these events will be communicated to you.
4. **SEMINAR REQUIREMENT:** In addition to the hours at the internship site(s), there are weekly mandatory meetings with your supervisor. The time of the meeting is to be arranged and will require 3 additional weekly hours.

**IMPORTANT**

* Submitting this application does NOT register you for the course. Be sure to register as well.
* **Your submission of a field experience application does not *guarantee* a placement. Placements are made at the discretion of Aurora University and the area agencies.**
* **Disabilities Studies applicants may approach an agency regarding a placement, contact** [**coefield@aurora.edu**](mailto:coefield@aurora.edu) **for a brochure of the requirements.**

**If you have any questions about completing the application, contact the School of Education at:**

Aurora University

School of Education, ATTN: Disabilities Studies

Phone: 630/844-4938🞟 Fax: 630/844-5530

Email: [kwarren@aurora.edu](mailto:kwarren@aurora.edu) or [coefield@aurora.edu](mailto:coefield@aurora.edu)



AURORA UNIVERSITY DISABILITIES STUDIES PROGRAM

**16-Week DISABILITIES STUDIES INTERNSHIP APPLICATION FOR FIELD EXPERIENCE**

**(SPED 4400 Two 8-week placements)**

**Major:** Disabilities Studies

**Part I: Disabilities Studies Application for Field Experiences**

**Semester Requested:**  \_\_\_\_\_\_\_\_\_

**By supplying information on this form, I am authorizing the university to use its discretion to provide information to hosting agencies. This information may include but not limited to transcripts.**

**Further, I acknowledge my responsibility to know and meet all prerequisites for the internship.**

|  |  |
| --- | --- |
| **Student Name**: | **Student ID#:** |
|  | |
| **Address/City/State/Zip:** | |

|  |
| --- |
| **Home Phone** |
| **Cell Phone #:** |
| **E-mail:** @aurora.edu |

\*Please be sure to list the address you will be living at while completing your internship!

If any of the contact information or living arrangements change, please email the Disabilities Studies Office **immediately** at [coefield@aurora.edu](mailto:coefield@aurora.edu) (This includes name changes).

**Potential Agency Sites**

You will complete two eight-week sessions. These internships can be paid or volunteer. You can also make suggestions as to potential placement agencies. The University reserves the right to adjust or substitute placements. The University may suggest a placement other than an agency where you are currently employed.

Please supply contact information below:

**Placement 1 (First 8 Weeks)**

|  |
| --- |
| **Agency Name:** |

|  |
| --- |
| **Agency Address:** |

|  |  |  |
| --- | --- | --- |
| **City:** | **State:** | **Zip:** |

|  |  |
| --- | --- |
| **Phone Number:** | **Contact Person:** |
| **Email:** |  |

|  |
| --- |
| **Description of Agency:** |

|  |
| --- |
| **Type of Agency Experiences Available (For example – residential life, life skills coaching, recreation, etc:** |

**Placement 2 (Second 8 Weeks)**

|  |
| --- |
| **Agency Name:** |

|  |
| --- |
| **Agency Address:** |

|  |  |  |
| --- | --- | --- |
| **City:** | **State:** | **Zip:** |

|  |  |
| --- | --- |
| **Phone Number:** | **Contact Person:** |

|  |
| --- |
| **Description of Agency:** |

|  |
| --- |
| **Type of Agency Experiences Available (For example – residential life, life skills coaching, recreation, etc:** |

**\*\*Please note that listing a preference does not guarantee placement in a particular setting.**



AURORA UNIVERSITY DISABILITIES STUDIES PROGRAM

**16-Week DISABILITIES STUDIES INTERNSHIP APPLICATION FOR AGENCIES**

**Part II: Disabilities Studies Information Forms to send to Agencies**

|  |  |
| --- | --- |
| **Student Name**: | **Student ID#:** |
|  | |
| **Address/City/State/Zip:** | |

|  |  |
| --- | --- |
| **Cell Phone Number**: | **Home Phone Number**: |

|  |
| --- |
| **AU Email**: @aurora.edu |

**Availability**

Please provide two – 5 hour time slots that you are available to complete your internships:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** |
|  |  |  |  |  |  |

*Example:*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** |
|  |  |  |  |  |  |

**Experiences with Individuals with Disabilities during course work:**



AURORA UNIVERSITY DISABILITIES STUDIES INTERNSHIP PROGRAM

**16-Week DISABILITIES STUDIES INTERNSHIP APPLICATION**

**(SPED 4300)**

Candidate Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDITIONAL RELEVANT EXPERIENCES:** Pleasedescribe other work or volunteer experiences and the type of skills needed in these experiences. (Examples – religious education, scouting, volunteer organizations or work experiences)

**SPECIAL SKILLS/INTERESTS:** Describe other skills or interests you may have. For example, you can provide information about sports, music, art, dance, other languages spoken, or personal experiences with individuals with disabilities.