FLAGLER COLLEGE

EVIDENCE OF ACCESS FOR FIELD WORK:
NON-CERTIFICATION TRACK, FLAGLER FAST TRACK, AND NON-DEGREE SEEKING

In some courses, instructors will require you to apply concepts and to complete projects in areas such as speech production, American Sign Language (ASL) usage in the classroom, and language and communication. You need to identify a placement or placements in a school, camp, clinic, hospital, home school setting, or day care where you may conduct observations, implement course related activities and projects, and/or collect data. Complete the form below to provide evidence of access to specific student populations.

Graduate Applicant's Name _____

Check all that Apply:

☐ **If taking courses in the Masters in Education of Deaf and Hard of Hearing (DHH) program, I have access to students who are DHH:**

☐ In my own class or school
☐ At another school or facility

Name of School/Facility:
Address (Street, City, State, Zip):
Name of Supervisor/Contact Person:
Title of Supervisor/Contact Person:
Email Address of Supervisor/Contact Person:

I have received permission from the supervisor/contact person to complete activities at this school/facility.

_____ _____
Graduate Applicant's Signature Date

_____ _____
Supervisor/Contact Person Signature Date

☐ **If taking EDD 565 *Methods of Teaching ASL*, I have access to students who are learning ASL:**

☐ In my own class or school
☐ At another school or facility

Name of School:
Address (Street, City, State, Zip):
Name of Supervisor/Contact Person:
Title of Supervisor/Contact Person:
Email Address of Supervisor/Contact Person:

I have received permission from the supervisor/contact person to complete activities at this school/facility.

_____ _____
Graduate Applicant's Signature Date

_____ _____
Supervisor/Contact Person Signature Date

☐ **If taking ESE 555 *Practicum with Working Students with Severe and Profound Disabilities*, I have access to students with Severe and Profound Disabilities:**

☐ In my own class or school
☐ At another school or facility

Name of School:
Address (Street, City, State, Zip):
Name of Supervisor/Contact Person:
Title of Supervisor/Contact Person:
Email Address of Supervisor/Contact Person:

I have received permission from the supervisor/contact person to complete activities at this school/facility.

_____ _____
Graduate Applicants Signature Date

_____ _____
Supervisor/Contact Person Signature Date