

**The George Washington University
School of Education and Human Development
Office of Laboratory Experiences
Phone: (202) 994-6166**

***Professional Internship Application Form:
Special Education – Serious Emotional Disturbance***

Semester/ year of Internship: _____ Email: _____

Name: _____ S.S.#: _____

Address: _____ Home Phone: _____

_____ Work Phone: _____

Birth Date: _____ Sex: _____ Academic Advisor: _____

Supervisor: _____ Certification Area: _____

Professional Internship Course Number and Title: _____

High School Attended: _____ Date of graduation: _____

Internship Placement: _____ Cooperating Teacher: _____

Placement Information

<u>1st Placement</u>	<u>2nd Placement</u>
Setting/ School: _____	Setting/ School: _____
Cooperating Teacher/Supervisor: _____	Cooperating Teacher/Supervisor: _____
Certification Area: _____	Certification Area: _____
Subject/Level: _____	Subject/Level: _____
Beginning Date: _____ Ending Date: _____	Beginning Date: _____ Ending Date: _____