

Building-level Acknowledgement Form-M.Ed. in SPED

_____	_____
<i>Graduate Student's Name</i>	<i>Date</i>
_____	_____
<i>School</i>	<i>Special Education Mentor Teacher's Name</i>

This form serves to inform the Principal and School Psychologist of a graduate student's intent to complete internship requirements for the Master of Education in Special Education program at Eastern Washington University within the school indicated above. We ask that the School Psychologist sign this because the graduate student will be working with students with disabilities in this building. The graduate student will also be asked to gather assessment data on some of these students. Hence, we want the School Psychologist to be aware of the graduate student's participation in this internship.

Video recording is expected as part of the internship requirements and the graduate student listed above has been provided with information regarding obtaining parent permission. We would be happy to provide evidence of video permission to you if necessary.

An agreement contract will be sent directly to your district from Eastern Washington University and includes information regarding each party's expectations and responsibilities. Please contact your district directly if you would like a copy of this agreement.

Please sign below to indicate that you have read and understood the above information.

_____	_____
<i>Signature of Principal</i>	<i>Date</i>
_____	_____
<i>Signature of School Psychologist</i>	<i>Date</i>

If you have questions, please contact either:

Dr. Kathleen Waldron-Soler
Program Advisor
kwaldronsoler@ewu.edu

Dr. Ann Van Wig
Graduate Director
avanwig@ewu.edu or 509-359-6097

Thank you,

Education Department Graduate Programs
Eastern Washington University

Once completed please scan and return to: educgrad@ewu.edu