

APPLICATION for CYCLE
Changing Young Children's Lives through Education
 Department of Special Education
 University of Florida

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| YOUR NAME: | PRINT: | (CIRCLE ONE) Mr. Mrs. Ms. |
| COMPLETE HOME ADDRESS | CITY | ST/ ZIP |
| PHONE NUMBER(S) | Home: () Work: () Fax: () | |
| EMAIL ADDRESS | | |

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|---------------------------|------------------------|
| SCHOOL/AGENCY | Name of school/agency: |
| COUNTY | |
| JOB POSITION | |
| AGE/GRADE LEVEL(S) | |

NOTE: Your answers to the following questions will not affect your award status.
 Why the questions? The U. S. Department of Education requires data related to the use of its funds.

(Circle one option for each item.)

1. What is the highest degree that you hold? Bachelors Masters Specialist Doctorate
 In what area? _____
2. Which are you interested in obtaining? ITDS certification PreK Disabilities endorsement
3. Do you currently hold ESE certification? YES NO
 If YES: In what areas? _____
4. Are you certified in early childhood? YES NO
5. Fully certified in the area you are employed? YES NO. If YES: Through testing only? YES NO
6. Employed in ESE? YES NO
7. Employed in general education? YES NO
8. Are you currently serving children with disabilities birth to five? YES NO
 If YES: How many? _____

Your responses in this section are optional and will be used for descriptive purposes only when submitting required reports.

Please check items that apply: Gender: Male Female
 Caucasian African American Native American or Native Alaskan Hispanic
 Asian or Pacific Islander Multi-Ethnic/Racial Other:
 Are you a citizen of the USA? _____ How long have you resided in Florida? _____

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|----------------------------|--------------|
| APPLICANT SIGNATURE | DATE: |
|----------------------------|--------------|

MAIL OR FAX THIS APPLICATION ALONG WITH A LETTER OF RECOMMENDATION* AND WRITING SAMPLE TO:**
 UF/Springs Region PDP, Dept. of Special Education
 University of Florida, P.O. Box 117050, Gainesville, FL. 32611
 FAX: (352) 392-2072 ☎ Phone: (352) 392-0701 ext. 248 & 295 ✉ Email: ttorode@coe.ufl.edu

* Letter of recommendation must be from district ESE director or their representative
 ** Writing sample must be a one page essay describing why you would like to participate in this program