

Participant Application Form
The Commonwealth Special Education Endorsement Programs (CSEEP)

(Note: To qualify for CSEEP, applicants must hold a current and valid Virginia provisional teaching license with a special education: general curriculum K-12 endorsement.)

Last Name _____

First Name _____

Middle Name _____

Preferred Name _____

Date of Birth _____

Gender: F ___ M ___ Prefer not to say ___

Ethnicity (Please check one) American Indian/Alaskan Native ___ Black (non-Hispanic) ___ White (non-Hispanic) ___ Asian ___ Hawaiian Native/ Other Pacific Islander ___ Hispanic Unspecified

Home Address _____

Home Telephone # () _____

University ID Number (UIN) _____

Employing School Division _____

Employing School Name _____

Employing School Address _____

Employing School Telephone #() _____

Employing School Staff Email _____

Employing School Principal's Name _____

Your ODU Email _____

Grade level(s) currently serving _____ Disability(s) currently supporting (check all that apply) LD ___ ED ___ ID ___ autism ___ TBI ___ OHI ___ multiple disabilities ___ developmental delay ___

Title of current position _____

State any and all Virginia teaching license endorsements (if any) _____

Name of college/university awarding B.A./B.S. degree: _____

Undergraduate Major (e.g., English) Date Degree Awarded _____

Do you or will you pay out-of-state tuition? Yes ___ No ___

I have read and agree to comply with the guidelines set forth in the administrative manual for the Commonwealth Special Education Endorsement Programs (online at www.odu.edu/cseep). I certify that I meet the eligibility requirements and agree to fulfill the participant responsibilities of the Commonwealth Special Education Endorsement Program as stated in the CSEEP Administrative Manual. By signing this application, I am also consenting to complete and submit all required CSEEP evaluation documents. I understand that I must have graduate non-degree status at ODU to participate in CSEEP.

Signature of Teacher _____ Date _____

(Please continue to the second page of the form)

Principal or Designee's Recommendation (Required)

As a representative of _____ school division/state-operated program, I recommend this individual to participate in the Commonwealth Special Education Endorsement Programs. We agree to fulfill our responsibilities as outlined in the CSEEP Administrative Manual (Online at www.odu.edu/cseep). By signing below, I am agreeing to participate in the CSEEP evaluation procedures, if any.

Print name of Principal/Designee _____

Signature of Principal/Designee _____ Date _____

Old Dominion University is an equal opportunity, affirmative action institution.

Please mail applications to: CSEEP Grant Office, Child Study Center, Room 217, Old Dominion University, Norfolk, VA 23529. FAX: 757-683-4129.
EMAIL: CSEEP@odu.edu. OFFICE: 757-683-5372.

(Revised 9/21)