KUTZTOWN UNIVERSITY
Special Education Entrance Requirement
20 Clock Hour Experience

1. Name of KU Student: ____________________________________________

2. Name and Address of Agency or School:

3. Description of Program:

4. Type of Disability (check only ONE):
   _____ Intellectual Disabilities (MR) _____ Behavior Disordered (includes autism)
   _____ Physically Disabled   _____ Learning Disabled

5. Degree of Severity (check level which BEST describes the group):
   _____ Mild       _____ Moderate       _____ Severe

6. Age Level (check age level which BEST describes the group):
   _____ Elementary (PreK-4)
   _____ Middle (4-8)
   _____ Secondary (includes adults)

7. Time Spent on the Experience (a minimum of 20 clock hours): ______________

8. Comments:

Please return completed form to:
Chair, Special Education Department
Beecy 111
Kutztown University
Kutztown, Pennsylvania 19530
phone: 610/683-4290

_________________________________  __________________________
Supervisor's Signature             Date

effective 9/2009 rev. 2/2011