

**Marietta College Education Department
Application for Student Teaching Internship
Graduate Intervention Specialist License**

Name _____ Student Teaching Date ___ Fall ___ Spring 20___

Permanent Address _____ Email _____
_____ Home Phone _____

(To be completed by Education Department)

Date of Admission to Intervention Specialist Licensure _____

Cumulative Program G.P.A _____ as of _____

Educ 641 _____ Educ 642 _____ Educ 643 _____ Educ 644 _____ Educ 645 _____

Educ 648 _____ Educ 659 _____ Educ 691 (I) _____ Educ 691 (II) _____

Reading Core Requirement

Educ 321, Foundations of Reading _____

Educ 322, Phonics _____

Educ 361, Diagnosis and Correction _____

Educ 360, Content Area Reading _____

or

Educ 362, Instructional Strategies _____

Praxis II PLT Test _____ Pass _____
Praxis II Core Content Knowledge _____ Pass _____
Praxis II Reading or content test _____ Pass _____ (test _____)

Recommendation by Education Department: _____ Yes _____ No

Department Chair Signature _____ Date _____