

[ALL BLANKS MUST BE COMPLETED]

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 # () _____

currently supporting (check all that apply) LD__ ED__ ID__
mental delay__

any) _____

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

Principal or Designee's Recommendation (Required)

As a representative of _____ school division/state program, I recommend this individual to participate in the Commonwealth Special Education Endorsement Program. We 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: 757-296-1000 () (35)1