



**Director of Special Education and Pupil Services Program  
Wisconsin License Code 80**

*(If admitted to the program, you will receive a separate application to be admitted to UW-Eau Claire as a Special Student)*

To ensure consideration, all required application materials must be received in Continuing Education by March 1st. Applicants will be notified of acceptance or denial no later than April 15th.

*Please print or type*

**Personal Data**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

**Certification**

Are you licensed by the Wisconsin Department of Public Instruction?  Yes  No

If "no", in which state(s) do you hold licensure? \_\_\_\_\_

**Please note:** If you do not work in Wisconsin, it is your responsibility to contact your state's department of education to determine whether the Wisconsin DSEPS license will be acceptable for licensure in your state.

**In which disciplines are you licensed/certified?**

	1.	2.	3.
Date Issued:	1.	2.	3.
Expiration Date:	1.	2.	3.

**Education (if additional space is needed, please attach additional pages)**

Please list the graduate degree(s) you have earned, the name of the institution, and date conferred.

I do not hold a graduate degree, but I am enrolled in the UW-Eau Claire Master of Special Education degree program, and have adviser's approval.

\_\_\_\_\_  
Advisor's Signature

\_\_\_\_\_  
Date

**Experience (if additional space is needed, please attach additional pages)**

Please provide, in narrative form, specific evidence of your success related to full-time professional employment

Please provide, in narrative form, specific evidence of your leadership experience

Please provide specific examples of your direct experience working within an academic setting with students with disabilities.

Please describe your knowledge of and compliance with IDEA Rules and Regulations.

Please provide specific examples that serve as evidence of your ability to multi-task.

**The following documents must be included with this completed DSEPS program application.*****Only complete applications will be considered:***

- Resume of educational attainment and professional experience
- Official Graduate Transcripts sent directly from the Institution(s) to the address printed below.
- Photocopy of current licensure document(s)
- Three letters of recommendation (One from your current supervisor; one from a former supervisor, and one from another professional who can comment on your professional experience):
  - Written specifically for admission to the UW-Eau Claire DSEPS Program
  - Provides specific evidence of the candidate's success related to full-time professional employment
  - Provides specific evidence of the candidate's leadership experience and potential
  - Provides specific examples of the candidate's direct experience working within an academic setting with students with disabilities
  - Describes the candidate's knowledge of and compliance with IDEA Rules and Regulations
  - Describes the candidate's ability to multi-task

**Additional Document required of School Psychologists:**

- A letter from an administrator(s) verifying that you have completed “three years of successful experience as a school psychologist, including evidence that, by the time of admission, you have completed a minimum of 540 hours of successful classroom teaching experience.”

Note: Acceptable teaching experience may include classroom instruction, consultation with classroom teachers, and/or direct work with an individual student. (Time spent in activities such as IEP meetings may not be included within the 540 hours.) This experience can be documented within one of the letter(s) of reference from a relevant school administrator(s).

**Additional Document required of all applicants who do not hold a graduate degree in Special Education or School Psychology (e.g., school principals):**

- A letter from an administrator(s) verifying that you have completed at least three years of experience interacting directly with special education students in an academic setting.

**Release/Certification:**

I hereby authorize the Director of the UW-Eau Claire Director of Special Education and Pupil Services Program and any agent acting on the Director’s behalf, to investigate my employment history and any other information related to my suitability for the DSEPS program. I authorize any former employer, person, reference, firm corporation, educational institution, or government agency to give the DSEPS Director any information regarding my background.

In review of this application, I release from all liability and/or legal claims the University of Wisconsin-Eau Claire and its agents, as well as all providers of information, from any liability and for any damage which may result from the furnishing and receiving of this information. A photocopy of this release shall be as valid as the original and may be relied upon by all persons providing information.

Further, I certify that all information on this application is true, complete, and correct to the best of my knowledge. I understand that any false or misleading statements made by me, or material omission of information requested of me, shall constitute grounds to deny admission to the DSEPS program, or if enrolled, for my immediate dismissal.

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date

**All application materials should be addressed to:**

UW-Eau Claire Continuing Education  
Attn: DSEPS Program  
PO Box 4004  
Eau Claire WI 54702

Applicants whose submitted materials are incomplete or do not comply with the admission requirements will be denied admission to the UW-Eau Claire DSEPS Program.