

[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](http://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