SPECIAL EDUCATION - MENTALLY IMPAIRED
ELIGIBILITY REPORT FOR STUDENT TEACHING

Name_____
(Last) (First) (Maiden)

S.S.#_____ is applying for student teaching for

the _____ term, _____.

Prerequisites (no exceptions)

Course	No. of Hrs.	Done	Needs	Expected Date of Completion
SED 4060				
SED 4080				
SED 5030				
SED 5110				
SED 5130				
SED 5140				
SED 5260				
TED 5780				

Michigan Tests for Teacher Certification: Please indicate the date test(s) were taken or the date you plan to take test(s).

Elementary Education Test Taken: Date_____

Major Subject Area Test Taken: Date_____

Minor Subject Area Test Taken: Date_____

Student's Signature:_____ Date:_____