DEPARTMENT OF EDUCATIONAL STUDIES

 SPECIAL EDUCATION SUPPLEMENT

DOCTORAL PROGRAM

NAME: DATE:

Applicants for the doctoral program in Special Education should use this form. Your cooperation in responding to the following questions and statements will enable a more comprehensive evaluation of your qualifications for this program. Please respond briefly to each of the following questions. Use additional sheets if necessary.

**To be completed by all applicants.**

1. Check your area(s) of interest in doctoral study:

\_\_\_\_ Applied Behavior Analysis (ABA)/Behavior Management

\_\_\_\_ Assistive Technology

\_\_\_\_ Cognitive Strategy Instruction

\_\_\_\_ Inclusive Practices

\_\_\_\_ Instructional Technology

\_\_\_\_ Intervention Research

 \_\_\_\_ Mild Disabilities/High Incidence

 \_\_\_\_ Severe Disabilities/Low Incidence

\_\_\_\_ Other (describe):

1. Do you plan to engage in full time \_\_\_\_ or part-time \_\_\_\_ study? (Check one)
2. When is your anticipated date of entry into the program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Have you discussed the program with any member of the Special Education faculty?

\_\_\_\_\_\_\_\_ Yes. If so, with whom? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_ No.

1. What careers, roles or positions are you now currently considering for the time when you finish your graduate study?
2. What areas of competence would you expect to develop in your doctoral program?