



Autism Collaborative Endorsement (ACE) Practicum Application

To be submitted only after review of transcript and completion of the program authorization plan.
The application will not be considered without sufficient documentation regarding course content.

Name: _____ Social Security #: _____

Address: _____
(Number & Street) (City) (Zip Code)

Home Phone: _____ Work Phone: _____

Email Address: _____

Current Employment: _____

Semester: Fall Winter Spring Summer _____ Year

I am requesting to complete the practicum: in my own classroom
 in a setting arranged by the university

Please attach a résumé and a *Description of your Professional Setting (if applicable).
Please include type of classroom, age range, and number of students identified with autism
spectrum disorder.

Documentation Attached:

- Plan of Study
- Transcripts for ACE courses or approved equivalent
- Resume
- *Description of Professional Setting (if applicable)
- Contract ((if applicable)

Action: Approved Denied Need additional documentation

Comments:

ACE Advisor

University

Date

Practicum Placement: