

Advisor Support Agreement Education Specialist Degree

Special Education Division
Department of Special Education and Communication Disorders

This form, with all affirmative responses and a faculty member signature, is required before a student can be admitted to the Education Specialist (Ed.S.) degree program in special education.

Regarding: _____
Prospective Student's Name

I have examined the background information and credentials (a minimum of transcripts, but also any other available information about this student should be examined) available to me, and based on this preliminary examination would support the admission of this student to our Ed.S. program in special education.

_____ Yes _____ No

In one or more conversations or interviews with this student, I have found this person's interpersonal and communication skills, and motivation to be appropriate for admission to the Ed.S. program.

_____ Yes _____ No

In discussions with this student, I have found sufficient commonality of research interests with mine for me to be willing to work with this student if admitted.

_____ Yes _____ No

As a result of my contact with this student, and given my current load including other students, I am willing to serve as an advisor for this student.*

_____ Yes _____ No

Eligible Special Education Graduate Faculty Member Signature

Date

*I recognize that if for any reason I would later be unwilling or unable to continue to serve as the advisor for this student that I would continue to serve as advisor until another advisor could be identified, and I would cooperate fully with the Graduate Faculty Chair and Department Chair to identify an alternate advisor.