California State University, Sacramento
College of Education
Teacher Preparation Programs
6000 J Street • Sacramento, CA 95819-6079
(916) 278-6403 • (916) 278-6175 FAX

Due:
May 1st for Summer
August 1st for Fall
December 1st for Spring

BAY AREA
STUDENT TEACHING AUTHORIZATION FORM

Complete the following section and submit to the Special Education Records Coordinator in the Teacher Preparation Office. ***Please allow 3 working days for processing.***	
Name:	Student ID:
Address:	Primary Number:
City: Zip:	Alternate Number:
Email:	Semester: Fall 20___ Spring 20___ Summer 20___
Select One (1) Only.	
Mild/Moderate: Moderate/Severe:	☐ EDS 472* ☐ EDS 412*
****Students are required to have completed their Subject Matter Competency Requirement prior to registration.***	

For Office Use Only		**Comments**
Subject Matter Competency Requirement	☐ CSET ☐ Credential ☐ Waiver ☐ ECSE	
CBEST	Date passed:	
Certificate of Clearance (COC)	Expires:	
TB	Date read:	
Grades	☐ Cleared as of:	

APPROVED TO STUDENT TEACH:

_____ _____

Special Education Records Coordinator signature *Date*

☐ **PENDING APPROVAL:**

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