TRAINEESHIP PROGRAM *for special education*

www.kytraineeship.org

PART A

(Must be submitted EACH semester)

Return Application to:

Special Education Traineeship Program
245 Johns Hill Road
Highland Heights, KY 41099

NAME: Young (Last) Julie (First) M (Middle Initial) STUDENT ID #: 1229D304 (Required – Not a *SS#*)

HOME ADDRESS: PO BOX 183 (Street) Benton (City) Ky (State) 42025 (Zip)

PHONE: 270-703-4012 (Home) / (Cell) / (Work)

Work E-Mail: julie.young@livingston.kyschools.us Other Email
(All Traineeship correspondence will be sent to work email.)

DISTRICT OF EMPLOYMENT: Livingston (Required) SCHOOL ASSIGNMENT/Grade Level: K-12

CURRENT POSITION: (circle one) CD DOSE IECE HI LBD MSD (VI)

CERTIFICATION PROGRAM: VI

Have you previously received Traineeship Program funding? No__ Yes__ (*If yes*): Semester_____ Year_____

Attending a Kentucky College/ University: (check)

- ☐ Asbury University
- ☐ Bellarmine University
- ☐ Campbellsville University
- ☐ Eastern Kentucky University
- ☐ Georgetown College
- ☐ Kentucky State University
- ☐ Morehead University
- ☐ Murray State University
- ☐ Northern Kentucky University
- ☐ Spalding University
- ☐ Union College
- ☐ University of Kentucky
- ☐ University of Louisville
- ☐ Western Kentucky University

Requesting Funds for Academic Year 2018- ✓ Summer ___Fall ___Spring

COURSES REQUESTED FOR THIS SEMESTER: Courses MUST apply for SPECIAL ED/IECE certification. The tuition for these courses may not be covered by any other sources of financial aid. Foundation courses required for degree completion are not eligible for funding though this grant.

Course Number	Credit Hours	Course Title	Start and End Dates	Is this an on-line course?
EDS 586	3	Expanded Core Curriculum Blind and Visually Impaired	Summer 2018	
EDS 585	3	Assistive Technology for Students with Visual Impairments	Summer 2018	

My signature indicates that all of the information provided is accurate and that I am a U.S. citizen or permanent resident of the U.S. and that I am NOT a recipient of any other traineeship, stipend, scholarship, fellowship, or grant for tuition for the courses applied for funding under the Traineeship Program

Applicant Signature Julie Young Date 8-23-17

I verify that the above named applicant is employed as a full-time special education teacher, early childhood (IECE) or special education administrator of Livingston public school district.

Principal Signature (*Required*): Becky Dunning Date: 8-23-17

Traineeship Office Approval _____ Hours_____ Date_____

TRAINEESHIP PROGRAM *for special education*

www.kytraineeship.org

PART A

(Must be submitted EACH semester)

Return Application to:

Special Education Traineeship Program
245 Johns Hill Road
Highland Heights, KY 41099

NAME: Young (Last) Julie (First) M. (Middle Initial) STUDENT ID #: 12290304 (Required – Not a SS#)

HOME ADDRESS: PO Box 183 (Street) Benton (City) Ky (State) 42025 (Zip)

PHONE: 270-703-4012 (Home) / Same (Cell) / Same (Work)

Work E-Mail: julie.young@livingston.kyschools.us Other Email julie.young@bellsouth.net
(All Traineeship correspondence will be sent to work email.)

DISTRICT OF EMPLOYMENT: Livingston (Required) SCHOOL ASSIGNMENT/Grade Level: K-12

CURRENT POSITION: (circle one) CD DOSE IECE HI LBD MSD (VI)

CERTIFICATION PROGRAM: VI

Have you previously received Traineeship Program funding? No__ Yes ✓ (*If yes*): Semester Fall Year 2017

Attending a Kentucky College/ University: (check)

- ☐ Asbury University
- ☐ Eastern Kentucky University
- ☐ Morehead University
- ☐ Spalding University
- ☑ University of Kentucky
- ☐ Bellarmine University
- ☐ Georgetown College
- ☐ Murray State University
- ☐ Union College
- ☐ University of Louisville
- ☐ Campbellsville University
- ☐ Kentucky State University
- ☐ Northern Kentucky University
- ☐ University of the Cumberlands
- ☐ Western Kentucky University

Requesting Funds for Academic Year 2017-18 ___Summer ___Fall ✓ Spring

COURSES REQUESTED FOR THIS SEMESTER: Courses MUST apply for SPECIAL ED/IECE certification. The tuition for these courses may not be covered by any other sources of financial aid. Foundation courses required for degree completion are not eligible for funding though this grant.

Course Number	Credit Hours	Course Title	Start and End Dates	Is this an on-line course?
EDS 581	3	Methods of Teaching Students with Visual Impairments	Jan 2018 – May 2018	Yes
EDS 587	3	Visual Impairments and Multiple Disabilities	Jan 2018 - May 2018	yes

My signature indicates that all of the information provided is accurate and that I am a U.S. citizen or permanent resident of the U.S. and that I am NOT a recipient of any other traineeship, stipend, scholarship, fellowship, or grant for tuition for the courses applied for funding under the Traineeship Program

Applicant Signature Julie Young Date 8-23-17

I verify that the above named applicant is employed as a full-time special education teacher, early childhood (IECE) or special education administrator of Livingston public school district.

Principal Signature (*Required*): Becky Dunning Date: 8-23-17

Traineeship Office Approval _____ Hours _____ Date _____

PERSONNEL

03.125 AP.21

Professional Meeting and/or Travel Request Form

Employee Name: Julie Young
School/Work Location: SES
Location of Conference/Workshop:
City, State Location of Conference/Workshop:
Conference/Workshop Date(s): 8-29-17
Conference/Workshop Name: TOP Training
Rationale for Attendance:

Today's Date: 8-23-17

Out of District UK Educational Center Princeton, KY Out of State (Requires Board Approval)

Depart Time: Return Time:

Other District Employees Attending Conference/Workshop (Please list name, school/work location and position)

Employee Name:	Location/Position:
Employee Name:	Location/Position:
Employee Name:	Location/Position:
Employee Name:	Location/Position:

ARE YOU REQUESTING PROFESSIONAL DEVELOPMENT CREDIT? Yes No
Credit must be approved by the SBDM and/or Professional Development Coordinator

ARE YOU REQUESTING INSTRUCTIONAL LEADERSHIP CREDIT? Yes No

WILL YOU BE PARTICIPATING AS A CONSULTANT? Yes No

HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES?

ESTIMATED EXPENSES:

Substitute Needed:		YES or (NO) No. of Days	Method of Payment:
Registration Fee:	$		Method of Payment:
Use of Board Vehicle:		(YES) or NO	Method of Payment: Spec. Ed. Funds
Use of Personal Vehicle:		YES or (NO)	Method of Payment:
Mileage	$	No. of Miles	
Hotel/Lodging (amount per night)	$	How many nights	Method of Payment:
Meals	$		Method of Payment:
Car Rental (amount per day)	$	How many days	Method of Payment:
Air Fair	$		Method of Payment:

ADDITIONAL INSTRUCTIONS:

* Itemized receipts are required for all expenditures. Receipts for expenses must come from the place of business making the charge.

Signature of Applicant Julie Young Date 8-23-17

Signature of Principal/Supervisor Becky Dunning Date 8-23-17

Signature of Superintendent/Designee (If Necessary) _____ Date _____

Review/Revised:7/11/2016

Professional Meeting and/or Travel Request Form

Employee Name: Julie Young
School/Work Location: SLES
Location of Conference/Workshop:
City, State Location of Conference/Workshop:
Conference/Workshop Date(s): 8-25-17
Conference/Workshop Name:
Rationale for Attendance: Necessary training to become fully certified

Today's Date: 8-23-17

Out of District Ky School for the Blind Out of State (Requires Board Approval)
Departure Time: Return Time:

Other District Employees Attending Conference/Workshop (Please list name, school/work location and position)

Employee Name: Location/Position:
Employee Name: Location/Position:
Employee Name: Location/Position:
Employee Name: Location/Position:

ARE YOU REQUESTING PROFESSIONAL DEVELOPMENT CREDIT? Yes No
Credit must be approved by the SBDM and/or Professional Development Coordinator
ARE YOU REQUESTING INSTRUCTIONAL LEADERSHIP CREDIT? Yes No
WILL YOU BE PARTICIPATING AS A CONSULTANT? Yes No
HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES?

ESTIMATED EXPENSES:

Substitute Needed:		YES or NO No. of Days	Method of Payment:
Registration Fee:	$		Method of Payment:
Use of Board Vehicle:		YES or NO	Method of Payment:
Use of Personal Vehicle:		YES or NO	Method of Payment: UK reimburses mileage
Mileage	$	No. of Miles	
Hotel/Lodging (amount per night)	$	How many nights	Method of Payment:
Meals	$		Method of Payment:
Car Rental (amount per day)	$	How many days	Method of Payment:
Air Fair	$		Method of Payment:

ADDITIONAL INSTRUCTIONS:

* Itemized receipts are required for all expenditures. Receipts for expenses must come from the place of business making the charge.

Signature of Applicant Julie Young Date 8-23-17
Signature of Principal/Supervisor Becky Denning Date 8-23-17
Signature of Superintendent/Designee (If Necessary) Date

Review/Revised:7/11/2016

UNIVERSITY OF KENTUCKY

College of Education
Early Childhood, Special Education,
and Rehabilitation Counseling
229 Taylor Education Building
Lexington, KY 40506-0001
859 257-4713
fax 859 257-1325
www.uky.edu

August 22, 2017

Dear Students in the Teacher Preparation Program in Visual Impairments:

As part of your admission to the Teacher Preparation Program in Visual Impairments, you are required to attend class at the Kentucky School for the Blind (KSB) in Louisville Friday, August 25 through Sunday, August 27, 2017. Your lodging, in the dorm if needed, and most meals will be provided for you. In addition, you will be reimbursed mileage if you travel more than 40 miles to KSB. We will start at 10:45 a.m. on Friday the 25th and have class through Sunday the 27th concluding around 1:00 p.m. Please note that Louisville is on Eastern Standard Time (EST).

If you are working as a Teacher of the Visually Impaired under a temporary provisional or probationary VI certificate, you should be excused from work for the above days as you are required to attend as part of becoming fully certified for the position you hold. I recognize that taking time off work is difficult, thus try to minimize the need to do so throughout the program, however given the low incidence and nature of visual impairments, it is important for you to understand the resources available to you at KSB, the Kentucky Instructional Materials Resources Center (KIMRC), and the American Printing House for the Blind (APH). Please feel free to share this letter with your school district. I am happy to address any questions or concerns in regards to this requirement.

Sincerely,

Donna Brostek Lee

Dr. Donna Brostek Lee
Clinical Assistant Professor
Visual Impairment Program Faculty Chair
Office: (859) 257-1520
Email: donna.b.lee@uky.edu