

**SPECIAL EDUCATION PROGRAM  
SHIPPENSBURG UNIVERSITY**

**Supplementary Data Form**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Please complete this form and mail it to: Office of Graduate Admissions, OM 105, Shippensburg University, 1871 Old Main Drive, Shippensburg, PA 17257-2299. Please provide clear and concise answers in the space provided:

1. What are the three most significant professional experiences you have had:

2. What are your major professional assets?

3. Describe yourself in terms of strengths, weaknesses, and areas for improvement.

4. Describe your experiences with individuals who have disabilities.

5. Describe any significant life experiences.

6. Explain why you wish to go into Special Education.