BCLAD Spanish Language Assessment
REGISTRATION FORM

*Return to Dr. Claudia Ramirez Wiedeman in AE 242 at least two (2) weeks prior to the date of assessment selected below*

CANDIDATE INFORMATION

Name: ___________________________ Date: ___________________________

Address: __________________________ Email: __________________________

_________________________________ Cohort #: ___________________________

_________________________________ Team Leader: ___________________________

Phone: _____________________________ Internship

Alt. Phone: __________________________ District (if applicable): __________________

Internship School (if applicable): __________________

DATE OF ASSESSMENT (check one):

- Friday, October 9 at 3:00 – 5:00pm
  AE Room 247
  - Pen/pencils
  - Personal Identification
  - Water

- Friday, December 11 at 3:00 – 5:00pm
  AE Room 247
  - Timer/Watch
  - Confirmation receipt or email

Other (Interns only)

I have completed all pre-requisites for the CSUEB teaching credential program and have submitted proof of subject matter competency.

Signature: _______________________________________________________________________

For more information: Dr. Claudia Ramirez Wiedeman, Asst. Professor/BCLAD Program Coordinator, AE 209 claudia.wiedeman@csueastbay.edu or (510)885 – 2351

For Office Use Only Below This Line

SMC Verified Date: __________________________________________________________________

Assessor Name: __________________________ Notes: ____________________________________