



Rehabilitation Research
Design & Disability
College of Health Sciences
University of Wisconsin-Milwaukee

**2015 Evidence-based Technology Integration (ETI)
for School-based Related Services
Assistive Technology and Accessible Design
Certificate Program**

Application Kit

Email completed applications to Emma Coffman (ecoffman@uwm.edu)

I. PERSONAL INFORMATION

LAST NAME:

FIRST NAME:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

EMAIL ADDRESS:

PHONE NUMBER:

Student ID (if applicable):

II. EDUCATIONAL BACKGROUND (complete as needed, if information is not on transcript)

Undergraduate degree(s) received:

Undergrad Completed

Undergrad In Progress

NAME OF SCHOOL:

Year Completed:

Overall GPA:

Major GPA.:

Degree earned:

Graduate degree(s) received:

Graduate degree completed

Graduate degree in progress

NAME OF SCHOOL:

Year Completed:

Overall GPA:

Major GPA

Degree earned:

III. SUPPLEMENTAL DOCUMENTS

Please submit the following documents with this application:

1. CV or Resume
2. Transcripts from all Institutions attended outside of UW-Milwaukee (unofficial is permissible)
3. List of publications and research experiences, especially related to **technology and school-based related services**.

IV. PROFESSIONAL EXPERIENCE

Please answer the following questions regarding your professional experience. Please keep your answers short but complete.

1. What in your experience prepares you to work with a broad range of people and situations, especially children with disabilities? In what capacity do you have experience, for how long, and what is/was your role (list in table form)?

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2. Please describe your experiences in technology and computer applications for school-based related services. In what capacity do you have experience, for how long and what is/was your role (list in table form)?

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3. Please describe your current knowledge of assistive technology, universal design and accessible design. Please describe any specific experiences you have with each, either past or present experience. (one page max)

4. What are your goals upon graduation from the ETI program, and how do you anticipate the ETI program will impact your future practice with school-based related services? (one paragraph)

5. Please list any ATAD training you have received in the past 2 years and the impact it has had on your practice (list in table form).



Thank you for your interest and application to the ETI Program!

If you have additional questions, please contact:

Dr. Roger O. Smith
R2D2 Center
Enderis Hall, Room 135
University of Wisconsin – Milwaukee
P.O. Box 413
Milwaukee, WI 53211-0413
smithro@uwm.edu
(414) 229-6803
TTY (414) 229-5628

Date of Submission:

By submitting this application I verify that:

1. The information in the application is accurate to the best of my knowledge at this date of submission.

and

2. This ETI/ATAD program includes 5 graduate level courses. I understand that ETI awardees are expected to successfully complete all requirements or be held financially responsible for payback of scholarship.