

Washington County School District
School Leadership Clinical Experience Program
Application /Agreement

This form must be submitted to the WCSD Human Resources Department

Name:	USBE CACTUS ID#:
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Agreement: I agree that if I am selected to participate in the WCSD School Leadership Clinical Experience Program, I will conduct myself professionally and in accordance with all applicable school and WCSD policies. I understand the WCSD School Leadership Clinical Experience participants are not compensated as employees of the District. I understand there is no associated expectation of continued employment with this program and that the District may end my clinical experience relationship (employment or otherwise) at any time at District’s sole discretion. If currently employed by the Washington County School District, I understand that failure to comply with the conditions of this agreement may result in termination of my current employment.

Signature:	Date:
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Eligibility:

“School Leadership Clinical Experience” means a supervised school-based clinical experience, to include working in both an elementary and secondary school setting, which offers the opportunity of working with licensed school administrators, students, certified and classified employees, parents, and patrons required by [Administrative Rule R277-305-4](#). Program participants are unpaid and clinical experience must not be completed on District paid contract time unless approved in advance by the WCSD Field Placement Committee.

School Leadership Clinical Experience Program participants must complete a Program Plan (Form 145) and submit it with this application.

- Must meet all university requirements and obtain approval from the designated university program Coordinator/Director to begin internship.
- Must complete a criminal background check through Utah State Board of Education

MANDATORY: to be considered for this program, the APPLICANT must obtain the following eligibility verification:
 I certify that the above individual will complete all required course work in accordance with Utah Administrative Rules and will be eligible for participation according to WCSD Policy and this agreement, by the start of the school contract year or program period.

<i>University Department Approval Signature</i>	<i>Title</i>	<i>Date</i>

Institution Name College or University:		
Human Resource Department CACTUS Approval:	Signature:	Date:
Program Approval Dates:	Start Date:	Est. Completion Date:
Approved School Assignments:	Elementary:	Secondary:
Final Committee Approval Date:		