

Washington County School District
School Psychologist Internship Application/Agreement

This form must be submitted to the WCSD HR Department

Name:	USBE CACTUS ID:		
Availability Date:	Estimated Program Completion Date:		
Address:	City:	State:	Zip Code:
Cell Phone:	Email Address:		
Special Requests for Assignment Considerations:			
<p>Agreement: I agree that if I am selected to participate as a School Psychologist Intern, I will conduct myself professionally and in accordance with all applicable school and WCSD policies. I understand there is no associated expectation of continued employment with this program and that the District may end my internship relationship (employment or otherwise) at any time at the 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 employment.</p>			
Signature:			Date:

Eligibility:

“School Psychologist Internship” means the minimum one school year internship in school psychology, that allows the intern to demonstrate the application of knowledge and skills in a school-based setting required by [Administrative Rule R277-306-2](#). If applicant is competitively selected, the School Psychologist Intern will be compensated on salary schedule ES lane 03 for full time employment on an At-Will/Temporary Employment Agreement.

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

MANDATORY: to be considered for this program, the APPLICANT <u>must obtain the following eligibility verification:</u>		
I certify that the above-named individual will complete all the requirements in accordance with Utah Administrative Rules, has completed a satisfactory and current background check, holds (or will hold) a LEA level School Psychologist License by USBE, 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:	
Name & Phone number of Collegiate Supervising Professor:	Name: Phone:
Assigned WCSD supervising School Psychologist:	
WCSD HR Dept CACTUS Approval & Date:	
Final Committee Approval Date:	