## Washington County School District

## Student Teacher Employment Program (STEP) Application / Agreement This form must be submitted to the WCSD HR Department

Th	his form must be	submitted to t	the WCSD HR Dep	artment	
Name:			USBE CACTUS ID#:		
Availability Date:			Estimated Program Completion Date:		
Address:			City:	State:	Zip Code:
Cell Phone:	Home Phone:		Email Address:		
Preferred School Assignment and Grade I	Level:				
with all applicable school and WC FULL SCHOOL YEAR program requirements, while employed by continued employment with this p otherwise) at any time at District's conditions of this agreement may Signature:	that allows student WCSD as the "teac program and that th s sole discretion. If	teachers to con her of record". I e District may e currently emplo	pplete the university-b I understand there is end my STEP Teacher yed by WCSD, I unde	ased educator prepara no associated expectat relationship (employ	tion program ion of ment or
completing a university-based university course work must be WCSD. If selected, STEP Teac \$4,200 legislative salary adjust Teacher must be recommended assigned as the "teacher of record educator and will be under the of Teachers are expected to attend activities as scheduled. The ST the first semester of the school month of the second semester	completed prior of chers will receive a ment and benefits a by their university p d" at the start of the lirection of the trai d in-service training TEP Teacher is expo year and receive re	to participation base salary equal according to Di program for the a e school year. T ned mentor edu g, Professional L ected to comple	in the program except to 60% of step 1 of t strict Policy, for full t appropriate USBE Asso the STEP Teacher will acator and a collegiate tearning Community te the university clini	t courses with prior ap the TT salary schedule time employment. The ociate Educator License be provided with a trais supervising professor. (PLC) training, and p cal experience require	pproval from e, along with ne STEP e, in order to be ined mentor . STEP preparation ments during
• Must meet all university Coordinator/Director to			om the designated univ	rersity program	
Must complete a criminal background check through Utah State Board of Education					
Must be recommended for the USBE Associate Educator License by the university					
MANDATORY: to be considered for I certify that the above named in completed a satisfactory and current according to WCSD Policy and this a	dividual will complet background check,	ete all required holds a valid edu	course work in accord cator license issued by	ance with Utah Admir	
University Department Approval S	Signature			Date	
1	University Name:				
Name and Phone num	-	Name:		Phone N	o:
Human Resource Department CAC	-	Signature:		Date:	

Assigned WCSD School and Mentor Teacher: Final Committee Approval:

WCSD Form 150A