

Washington County School District

School Leadership Clinical Experience Program Plan

Priority Deadline for application is April 1st in the School Year preceding the Clinical Intern Experience

“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](#). Interested candidates must submit a program completion plan to be considered for the Washington County School District School Leadership Clinical Experience Program.

Applicants must not solicit clinical opportunities by contacting a principal or school directly.

This plan must be submitted to the WCSD Human Resources Department

Name:	
Approximate date you intend to begin your School Leadership Clinical Experience:	Estimated Program Completion Date:
Cell Phone:	Email Address:
Preferred placement Schools:	
Are you currently employed by Washington County School District? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is your current position title and responsibility?	
Outline your plan for completion of school-based clinical experiences, within both elementary and secondary school settings, to demonstrate competency in the areas identified by Administrative Rule R277-305-4(1)(d):	
Outline the schedule you will use to complete your clinical experience. Specify the time periods you will be available (i.e. 12:00 noon to 3:00 PM Monday and Wednesday) and explain how you will meet your current employment obligations to arrange this schedule. Please use additional sheets of paper if necessary.	
Will your current position assignment provide time and support flexibility for completion of your school setting clinical experience? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please check all the following that will or could apply to you and your position assignment:	
<input type="checkbox"/> I occupy a Learning Coach Position	<input type="checkbox"/> I Anticipate support of a DSU SEE Student
<input type="checkbox"/> I Anticipate Student Teacher support	<input type="checkbox"/> I will use my teacher preparation time
<input type="checkbox"/> I will apply for an unpaid leave of absence	<input type="checkbox"/> I will use paid personal leave
<input type="checkbox"/> Other Please Explain:	<input type="checkbox"/> I occupy a part time position <input type="checkbox"/> I am not currently employed
	<input type="checkbox"/> I will complete my elementary clinical at my current school <input type="checkbox"/> I will complete my secondary clinical at my current school
	<input type="checkbox"/> I will complete the clinical outside of normal work time
APPLICANT AGREEMENT: I understand the information disclosed on this form is critical to the administrative process of determining the impact of this requested upon the education programs of WCSD. Failure to disclose information on this form may subject me to disciplinary action. Further, failure to comply with the terms, limits, or conditions of the Administrative Intern Program Agreement or WCSD Policy is grounds for disciplinary action up to and including termination of employment.	
Signature:	Date: