

Washington County School District  
**Teacher Clinical Experience Application / Agreement**

Participants complete the clinical experience without compensation, under the direct supervision of a mentor teacher, in order to qualify for a degree in education.  
 Participants are not the "teacher of record."

**Preferred placement will be given to applicants who apply by April 1<sup>st</sup> in the school year preceding the student assignment.**

**This form must be submitted to the appropriate department indicated below**

**Elementary**       **Secondary**       **Special Education**

**PLEASE ATTACH A RESUME TO THIS APPLICATION**

Name:		Cactus ID Number:		
Cell Phone:		Email Address:		
Address:		City:	State:	Zip Code:
Location of Practicum Experience:	License Area(s):		Endorsement Area(s):	
Requested Start Date:		Requested End Date:		
Preferred School:				
Special Requests for Assignment Consideration:				
<p><b>TEACHER CLINICAL EXPERIENCE APPLICANT AGREEMENT:</b></p> <p>If selected to complete a teacher clinical experience at Washington County School District (WCSD), I agree to conduct myself professionally and in accordance with all applicable WCSD policies and procedures. I understand that I complete a background check in accordance with requirements established by the Utah State Board of Education. Failure to pass the background check will invalidate this agreement and I will not be eligible for this position. I understand I am ineligible to complete a teacher clinical experience if I am employed by Washington County School District in any other capacity during my assignment. By signing this agreement, I hereby resign my employment with WCSD in any other conflicting position on the effective date of this assignment. I understand that teacher clinical experience assignments are arranged by the WCSD District Office. I will not solicit a teacher clinical experience assignment by arranging an assignment directly with a Principal within WCSD.</p>				
Signature:			Date:	

**MANDATORY: to be considered for this assignment, the APPLICANT must obtain the following eligibility verification:**

Name of University/Educational Institution:			
Name and Phone number of Collegiate Supervising Professor:	Name:	Phone No:	

<b>I certify that the above-named individual will complete all required course work in accordance with Utah Administrative Rules.</b>		
<b>University Department Approval Signature:</b>	<b>Title:</b>	<b>Date:</b>