

Washington County School District
School Administrative Intern Program Application / Agreement
This form must be submitted to the WCSD HR Department

Name:		USOE CACTUS ID#:	
Availability Date:		Estimated Program Completion Date:	
Address:		City:	State: Zip Code:
Cell Phone:	Home Phone:	Email Address:	
Preferred School Assignment (s):			
<p>Agreement: I agree that if I am selected to participate as a School Administrative Intern, I will conduct myself professionally and in accordance with all applicable school and WCSD policies. I understand the WCSD School Administrative Interns 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 Intern 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.</p>			
Signature:		Date:	

Eligibility:

“Administrative Internship” means 450 or more hours of supervised on-site clinical experiences to include a minimum of 200 hours in a school setting which offers the opportunity of working with licensed principals, students, faculty, classified employees, parents, and patrons required by [Administrative Rule R277-505-4](#). Administrative Internships are unpaid and must not be completed on District paid contract time unless approved in advance by the Internship Committee. Administrative Interns must complete an Administrative Internship 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 hours.
- Must complete a criminal background check through Utah State Office of Education
- Must hold a valid Utah Educator License

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

I certify that the above named individual will complete all required course work in accordance with Utah Administrative Rules, has completed a satisfactory and current background check, holds a valid educator license issued by USOE, 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>
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Institution Name College or University:		
Name and Phone number of Collegiate Supervising Professor:	Name:	Phone No:
Human Resource Department CACTUS Approval:	Signature:	Date:
Approved School Assignment:		
Final Committee Approval:		