

Washington County School District
Graduate Student Speech-Language Pathologist Application/Agreement

This form must be submitted to the WCSD HR Department

Name:	USBE CACTUS ID#:		
Availability Date:	Estimated Program Completion Date:		
Name of College/University attending:			
Address:	City:	State:	Zip Code:
Cell Phone:	Email Address:		
<p>Agreement: I agree that if I am selected to participate as a Graduate Student SLP, 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 employment 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 or failure to meet the graduate program requirements may result in termination of my employment.</p>			
Signature:			Date:

Graduate Student SLP Eligibility:

If applicant is competitively selected, the Graduate Student SLP will be compensated on salary schedule ES lane 03 for employment on an At-Will/Temporary Employment Agreement. The Graduate Student SLP must meet all graduate program requirements each year and must complete the SLP graduate program requirements by the estimated program completion date identified above.

- Must be accepted and actively enrolled in a graduate level university SLP program.
- Must complete a criminal background check through the Utah State Board of Education.
- Eligible to obtain a LEA level Speech Language Pathologist License through Utah State Board of Education.

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 the requirements in accordance with Utah Administrative Rules, has completed a satisfactory and current background check, 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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Name & Phone number of Collegiate Supervising Professor:	Name: Phone:
Assigned WCSD supervising SLP Mentor:	
WCSD HR Dept CACTUS Approval & Date:	
Final Committee Approval Date:	