San Jose State University
Department of Special Education
Collaborative Internship Program

Support Provider Summary of Contacts

The Support Provider completes this form (attach additional forms) each semester with the dates, type of contacts, and a summary of the contacts with the Intern during the two-year program. At the end of each semester (December and May), the Support Provider and Intern sign the form, and submit it to the school district special education administrator. If this form is not submitted, the Support Provider will not be paid.

Date:	**Type of Contact:** (e.g. phone, email, meeting, observation)	**Summary of the Contact:**

Intern Signature Date Support Provider Signature Date