

COLLABORATIVE INTERN PROGRAM

INTERN AGREEMENT FORM

NAME: _____ SJSU STUDENT ID#: _____

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| PROGRAM OBJECTIVE: <input type="checkbox"/> Mild-Moderate <input type="checkbox"/> Moderate-Severe <input type="checkbox"/> Early Childhood Special Education INTERNSHIP SEMESTER: <input type="checkbox"/> Fall <input type="checkbox"/> Spring YEAR: 20 _____ |
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EMAIL ADDRESS: _____ CELL PHONE #: (____) _____ - _____

EMPLOYMENT INFORMATION

Name of School: _____

Address: _____ City: _____ State: _____

Mark One Of These Options

School District: _____

Non-Public School (NPS): _____

County Office of Education: _____

Employment Start Date: _____

Principal Name: _____ Principal Email: _____ Principal Phone: _____

TERMS OF AGREEMENT

This applicant has conferred with Intern Coordinator concerning his or her qualifications for acceptance to the Intern Program at San José State University. The prerequisite requirements have been met and the Intern candidate has obtained employment in the abovementioned district.

San José State University- Department of Special Education

- Develop a plan (the Program Planning Guide) that outlines all requirements (courses and fieldwork) for the Education Specialist credential in cooperation with the employing agency and the date by which the Intern must complete the requirements (the expiration date of the Intern Credential).
- Provide a University Advisor during the extent of the internship and monitor the successful completion of all requirements during the internship period.
- Assign a University Supervisor who has expertise in public school policies and the process for providing special education services.
- Review and monitor the documentation of the qualifications of the Support Provider on the "Support Provider Information Sheet".
- Receive and review the Support Provider and University Contacts forms at the end of each semester.
- Provide information and paperwork for the process to apply for the Intern Credential (through the SJSU Credential office) and sign the Intern Agreement Letter for the credential application that indicates the candidate meets all requirements for the intern credential.
- Provide a week-long, 45 hour total, summer Intern Institute that provides pre-service seminars related to topics requested by the schools and required by CCTC.
- Provide at least 45 hours of pre-service instruction related to teaching English Learners.
- Provide University supervision for at least 40 hours each year of the two-year Intern program in the form of a supervision class as per the following (that is pro-rated if the Intern starts the program during the year):
 - 15 hours of supervision and 10 hours of seminars (EDSE 105) the first semester
 - 15 hours of a supervision seminar (EDSE 105X: Intern Support Seminars) in the second and third semesters
 - 15 hours of supervision and 10 hours of seminars (EDSE 217A or EDSE 154 Directed Teaching class) the last semester
- Monitor and review the communication between the Support Provider and University Supervisor.
- Provide training seminars each semester for University Supervisors and Support Providers.
- Provide intervention for Interns who are at risk for losing their job due to performance issues.
- Hold the Intern Program Advisory Board Meeting each semester in which program features are described, the Intern process updated and to solicit feedback from participants.

Intern Candidate

- Take classes each semester as per the roadmap and plan developed with a Faculty Advisor.
- Maintain a 3.0 GPA (University Policy)
- Earn a B or better in every class (Department Policy).
- Complete the credential program within the credential time frame (2 years).
- Maintain acceptable dispositions throughout the Intern Program (i.e., positive attitude and professionalism).
- Demonstrate satisfactory performance as an Education Specialist.

District of Employment, NPS or County Office of Education

- Hire the Intern as a first year teacher.
- Assign candidates to assume the functions authorized by the teaching credential; Interns will teach only in the subject area in which they intend to be licensed and will be paid a first year salary.
- Assign a Support Provider who has a Clear or Life Credential (that matches the Intern’s Credential), three years of successful teaching experience and EL Authorization prior to the start of the Intern’s teaching job.
- Provide a designated time for the new Intern to meet with/work with the Support Provider and any other support personnel.
- Evaluate the Support Provider.
- Provide a person with English Learner authorization who is immediately available to assist the Intern with instruction for English Learners (this could be the Support Provider).

Support Provider

- Collaborate in the first semester with the Intern to develop a plan that identifies his/her current needs, prioritize the areas needing assistance, define the type of support that will be provided, and develop a schedule for contacts.
- Observe in the Intern’s classroom/program (and the Intern teaching) at least four days each semester in the first year of the program.
- Assist the Intern in meeting the teaching goals on the Induction Plan during the two year program.
- Provide at least 104 hours of support (or a total of 144 hours of support with the University Supervisor) per year at a rate of 2-4 hours per week (that is pro-rated for Interns who begin the job after the beginning of the school year or who complete the credential program before the end of the school year).
- Attend the Support Provider and/or University Supervisor meetings each semester.
- Document the hours and type of contact and support provided to the Intern by completing the Support Provider or University Supervisor Contact form with each contact or visit, provide the Intern with a copy of the form and at the end of the semester submit the contacts pages to the Department of Special Education for review.

NAME OF SUPPORT PROVIDER: _____

EMAIL ADDRESS: _____

SIGNATURES

On behalf of the District of Employment, NPS or County Office of Education, I have reviewed the above requirements and accept the terms of this agreement.

DIRECTOR OF SPECIAL EDUCATION NAME: _____

SIGNATURE: _____ **DATE:** _____

SCHOOL PRINCIPAL NAME: _____

SIGNATURE: _____ **DATE:** _____

INTERN NAME: _____

SIGNATURE: _____ **DATE:** _____

INTERN PROGRAM COORDINATOR NAME: _____

SIGNATURE: _____ **DATE:** _____

INTERN CANDIDATE: *Please email the form with signatures to lisa.simpson@sjsu.edu. Once reviewed and signed by the Intern Program Coordinator, an Intern Memo will be created which recommends you for an Intern Credential.*