

Intern Participant Form (Consent Form) 2014-2015

The Intern Program is a state-funded program of support and preparation for public school teachers to earn a teaching credential. By completing this participant form, you will join your local Intern program.

It is important to collect information on new public school teachers as we work to address the teacher shortage, provide support for new teachers, and promote teacher retention. The California Information Practices Act and the Federal Privacy Act provide that agencies requesting information indicate the principal purposes for which that information is used. Information gathered on this consent form will be used to determine funding for your Intern program.

I agree to participate in the Intern Program during the 2014-2015 school year.

School Name _____

School District _____

County _____

Type of Intern Program: Special Education

1. First Name _____ Last Name _____

2. What is your gender? Male Female

3. What is your age range? 25 & under 26-30 31-35

4. Is this your first year in the Intern Program? Yes No

When do you estimate that you will complete the intern program? _____ / _____
Month Year

5. For the year immediately preceding entering the internship credential program, please indicate which **one** of the following career categories best defines your experience:

- Military (Armed Forces)
- Technical & Scientific Industries (such as engineering)
- Social Services (such as health related, government)
- Other business or industry (such as sales, legal, clerical, manufacturing)
- College/University (recent graduates)
- Paraprofessionals (such as classroom aides)
- Provisional/Emergency/Substitute Permit Holders
- Other Teaching
- Other _____

6. What is your ethnicity?

- African American or Black
- Asian American/Asian/Indian (such as Chinese, Japanese)

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- Latino, Latin American, Puerto Rican, Mexican American, Chicano or other Hispanic
- SE Asian American/SE Asian (such as Cambodian, Hmong)
- Pacific Islander, Filipino
- Caucasian (non-Hispanic)
- Native American/Alaskan Native
- Other _____

7. When and where did you receive your undergraduate degree? Year graduated college _____

- In California
 - UC
 - CSU
 - Private Institution
- Outside California
 - Which state? _____
 - Or Country? _____

Please indicate campus: _____

8. Please indicate the **credential** you are working toward:

- Education Specialist
 - Mild Moderate
 - Moderate Severe
 - Deaf/Hard of Hearing
 - Visually Impaired
 - Physical Health Impairments
 - Early childhood
 - Other _____

9. What grade level(s) do you teach this year? (Mark all that apply).

- | | | | | | | |
|--------------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> Pre K | <input type="checkbox"/> K | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input type="checkbox"/> 10 | <input type="checkbox"/> 11 | <input type="checkbox"/> 12 |

10. What **subject(s)** are you assigned to teach this year?

(Mark all that apply—select the options that **best** describe your assignment)

- Education Specialist
 - RSP (e.g., Collaborative, push in/pull out)
 - SDC
 - Itinerant
 - Transition
 - Assistive Technology
 - ECSE

11. What is your Social Security Number? _____ - _____ - _____
Required to track the Intern Program funding.

Intern Signature: _____ Date: _____