



**Department of Special Education**  
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## Collaborative Intern Program Support Provider Job Description

A Support Provider will be assigned by the employer, and will provide support to the Intern during the two year program. A job description for the Support Provider is outlined below. The Support Provider signs the bottom part of this form to indicate agreement and sends or faxes (408-924-3701) it to SJSU.

**The Support Provider will:**

- 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.

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### Memo of Understanding: Support Provider, Intern, and the Collaborative Intern Program

**I am the Support Provider for Intern *(name)* \_\_\_\_\_ from the school district, \_\_\_\_\_, and I agree to meet all of the responsibilities listed above. I will get paid after completing these activities, and submitting the Support Provider’s Contact form.**

Support Provider	Date	Intern	Date	University Supervisor	Date
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