



**Department of Special Education**  
 Connie L. Lurie College of Education, San Jose State University  
 One Washington Square, Sweeney Hall 204  
 San Jose, CA 95192-0078  
 (408) 924-3700

## Collaborative Intern Program INTERN AGREEMENT FORM

**Name:** \_\_\_\_\_ **SJSU ID #:** \_\_\_\_\_

**Program Objective:**     Mild-Moderate         Moderate-Severe         ECSE

**Internship Semester:**    Fall    Spring 20\_\_\_\_ **Daytime Number:** (\_\_\_\_) \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Employment Information:**

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

School District: \_\_\_\_\_

Non-Public School (NPS): \_\_\_\_\_

County: \_\_\_\_\_ Employment Start Date: \_\_\_\_\_

### TERMS OF AGREEMENT

This applicant has conferred with Intern Coordinator concerning his/her qualifications for acceptance to the Intern Program at San Jose State University.

The prerequisite requirements have been met and the Intern candidate has obtained employment in the abovementioned district.

**University:**

1. The Department will provide the Intern with coursework leading to the appropriate teaching credential in special education.
2. The Department of Special Education will supervise and provide support to the Intern in the courses EDSE 105 (in the first semester of the program) in EDSE 105X and in the directed teaching course (in the fourth or last semester in the program).
3. The Department will provide a University Advisor during the extent of the internship.
4. The Department of Special Education will develop an Induction Plan with the Intern and the District of Employment, NPS or the County Office of Education in the first semester of the internship program.

## Intern Candidate:

The Intern Candidate agrees to take classes each semester as per the Roadmap and Plan, maintain a 3.0 GPA (University Policy), and earn a B or better in every class (Department Policy). The program needs to be completed within the credential time frame (2 years).

Intern Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## District of Employment, NPS or County Office of Education:

1. The intern has been assigned to a special education teaching position appropriate to the credential sought. Employment of the intern does not displace a certificated employee in my district.
2. A Support Provider identified by the principal or administrator will be assigned to assist the Intern during the first semester of the internship. The Support Provider should hold the same credential as the Intern's program.

Name of Support Provider: \_\_\_\_\_

Email Address: \_\_\_\_\_

3. The District, NPS or COE agrees to pay the Intern full salary for a first year teacher during the internship.

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## SIGNATURES

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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: \_\_\_\_\_

District Superintendent Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Intern Program Coordinator: \_\_\_\_\_ Dr. Chris Hagie \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**INTERN CANDIDATE:** Please return this form **in person** to the Department of Special Education in Sweeney Hall 204. Once reviewed and signed by the Intern Program Coordinator, a memo will be created which recommends you for an Intern Credential. You will submit this memo to the Credentials Office.