



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

SUPPORT PROVIDER JOB DESCRIPTION

A Support Provider from the district of employment will be assigned by the special education administrator, 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 and sends to SJSU for the signature and for the Interns file.

The Support Provider will:

- In the first semester, collaborate with the Intern to identify his/her current needs, prioritize the areas needing assistance, define the type of support that will be provided, and develop a schedule for contacts.
- Support the Intern for the four semesters or two years in the program, and provide the support according to the schedule.
- Provide an average of at least 1 hour or support weekly, or 20 clock hours of on-site support for each semester.
- Observe in the Intern’s classroom 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.
- Document the contacts and support provided to the Intern by completing the Support Provider Contact form each semester, and submitting it to SJSU; Department of Special Education; One Washington Square; San Jose, CA 95192-0078; Fax: (408) 924-3701
- Attend Support Provider meetings hosted by San Jose State University.

MEMORANDUM OF UNDERSTANDING

I, _____, am the Support Provider for Intern
Name of Support Provider

candidate, _____, from the school district/NPS,
Name of Intern

_____. I agree to meet all of the
Name of School District/NPS
responsibilities listed above. I will be compensated after successful completion of these activities and submission of the Support Provider’s Contact form.

Support Provider Signature: _____ Date: _____

Intern Signature: _____ Date: _____

University Supervisor Signature: _____ Date: _____

Please return this form to the Department of Special Education to the address provided above.