

# Washington County School District

## MANDATORY Administrative Internship Program Plan

**Priority Deadline for application is April 1<sup>st</sup> in the School Year preceding the Clinical Intern Experience**  
 “Administrative Internship” means 450 or more hours of supervised clinical experiences to include a minimum of 200 hours in a school setting which offers the opportunity of working with licensed principals, students, faculty, classified employees, parents, and patrons required by [Administrative Rule R277-505-4](#). Administrative Interns must submit a program completion plan to be considered for an administrative internship in the Washington County School District.

**This plan must be submitted to the WCSD HR Department**  
**Applicants must not solicit clinical opportunities by contacting a principal or school directly.**

Name:		Major:    Cumulative GPA:	
Approximate date you intend to begin working your Intern Hours:		Estimated Program Completion Date:	
Cell Phone:	Home Phone:	Email Address:	
Preferred Schools and Assignments:			
Are you currently employed by Washington County School District? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes what is your current position title and responsibility:			
Outline your plan for completion of a minimum of 200 hours clinical experience within both elementary and secondary school settings:			
Outline the schedule you will use to complete your clinical experience. Specify the time periods you will be available (i.e. 12:00 noon to 3:00 PM Monday and Wednesday) and explain how you will meet your current employment obligations to arrange this schedule. Please use additional sheets of paper if necessary.			
Will your current position assignment provide time and support flexibility for completion of your school setting clinical experience? <input type="checkbox"/> Yes <input type="checkbox"/> No ,			
<b>Please check all the following that will or could apply to you and your position assignment:</b>			
<input type="checkbox"/> I occupy a Staff Developer Position	<input type="checkbox"/> I Anticipate support of a Dixie Apprentice (SEE Program)	<input type="checkbox"/> I occupy a part time position	<input type="checkbox"/> I am not currently employed
<input type="checkbox"/> I Anticipate Student Teacher Support	<input type="checkbox"/> I will use my teacher preparation time	<input type="checkbox"/> I will complete the clinical outside of normal work time	<input type="checkbox"/> I will complete my elementary clinical at my current school
<input type="checkbox"/> I Anticipate Intern Teacher Support	<input type="checkbox"/> I will apply for an unpaid leave of absence	<input type="checkbox"/> I will complete my secondary clinical at my current school	<input type="checkbox"/> I will use paid personal leave
<input type="checkbox"/> Other Please Explain:			
<b>APPLICANT AGREEMENT:</b> I understand the information disclosed on this form is critical to the administrative process of determining the impact of this requested upon the education programs of the District. Failure to disclose information on this form may subject me to disciplinary action. Further, Failure to comply with the terms, limits, or conditions of the Intern agreement or District Policy is grounds for disciplinary action up to and including termination of employment:			
<b>Signature:</b>		<b>Date:</b>	