

Washington County School District
School Counselor Practicum Application / Agreement
Priority Deadline for Application is April 1st in the School Year Preceding the Assignment
This form must be submitted to the WCSD HR Department

Name:		Major:	Cumulative GPA:	
Availability Date:		Institution:		
		Estimated Program Completion Date:		
Address:		City:	State:	Zip Code:
Cell Phone:	Home Phone:	Email Address:		
Preferred School and Assignment:				
Special Requests for Assignment Consideration:				
<p>APPLICANT Agreement: I agree that if I am selected to participate as a Practicum Student I will conduct myself professionally and in accordance with all applicable school and WCSD policies.</p> <p>EMPLOYEE Agreement: (Applies to all current employees of Washington County School District) As an employee of WCSD, I understand my Counselor Practicum must not be completed during my contract time. I understand that I must obtain the specific approval of my Principal if I intend to use any of my scheduled "Preparation" time for this purpose. If approved and any part of this Practicum is completed during my "Preparation" time it must not interfere with my assigned responsibilities or attendance expectations, to include all contract and staff meeting requirements. I understand this agreement may end at any time at District's sole discretion. I further understand that failure to comply with the terms, limitations, and conditions of this agreement may result in termination of my employment with Washington County School District.</p>				
Signature:		Date:		

Eligibility:

- "Practicum" means a practical, usually simulated, application of previously studied theory, monitored by a professional in the field required by Administrative Rule R277-506-1. The required hours are determined by the educational institution. Counselor Practicum's are unpaid and **must not** be completed on District paid contract time.

MANDATORY: to be considered for this program, the APPLICANT must obtain the following eligibility verification:

I certify that the above named individual will complete all required course work in accordance with Utah Administrative Rules, has completed a satisfactory and current background check.

<i>University Department Approval Signature</i>	<i>Title</i>	<i>Date</i>
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Name of University/Educational Institution:		
Name and Phone number of Collegiate Supervising Professor:	Name:	Phone No:
Name and School for WCSD Mentor Teacher:	Name:	School:
Human Resource Department CACTUS Approval:	Signature:	Date:
Final Committee Approval and Assignment:		
Principal Approval of School Assignment:		