Washington County School District

School Counselor Intern Program Application / Agreement

Full School Year Program

This form must be submitted to the WCSD HR Department

Name:		USOE CACTUS ID#:				
Availability Date:		Estimated Pr	Estimated Program Completion Date:			
Address:		City:		State:	Zip Code:	
Cell Phone:	Home Phone:	Email Addre	ss:			
Preferred School Assignment:						
accordance with all applic FULL SCHOOL YEAR p and that the District may currently employed by th	I am selected to participate cable school and WCSD po rogram. I understand there end my Intern relationship e Washington County Schoermination of my current e	licies. I understand the WC is no associated expectation (employment or otherwise ool District, I understand th	CSD School Counselor n of continued employ e) at any time at Distri	Internshi ment with ct's sole di	p Program is a n this program scretion. If	
Signature: Date:						
experience hours are u be compensated at no employees may receive worked may be in paid be applied toward the the required 600 hour • Must meet all Coordinator/D • Must complete	ded into two 300- hour segunpaid and must not be commore than .5 FTE of the base no more than .5 FTE of the distatus, the remaining murequired 600 hours of fields. university requirements and irrector to begin internship has a criminal background chewalid Counseling Intern Ten	mpleted on District paid consict first step of the TT sell heir current salary and step is to be uncompensated. Act dexperience. Only uncompetation approval from the doors.	ontract time. Approve the dule for full time erep. A MAXIMUM of the cual work hours that the appensated field experies ignated university processing the processing of the contract of the cual work hours that the cual work hours the cual work hours that the cual work hours the cual work hours that the cual work hours the	ed Counsonploymen 50% of acare competence may	elor Interns may t. Current ctual time ensated cannot be applied to	
MANDATORY: to be considered for this program, the APPLICANT <u>must obtain the following eligibility verification</u> : 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, holds a temporary intern or student teacher license issued by USOE, and will be eligible for participation according to WCSD Policy and this agreement, by the start of the school contract year or program period.						
University Department Ap	•	Title	e sensor contract year or	Date	A TOUR	
Institution Na	ame College or University:			_		
Name and P	hone number of Collegiate Supervising Professor:	Name:	Phone	No:		
Human Resource Depart	ment CACTUS Approval:	Signature:	Date:			
Appr	roved School Assignment:					

WCSD Form 150B 12/2015

Final Committee Approval: