## Washington County School District

## School Counselor Intern Program Application / Agreement

## Partial School Year Program

This form must be submitted to the WCSD HR Department

Name:			USOE CACTUS ID#:		
		Fedinated Browning Completion Detail			
Availability Date:			Estimated Program Completion Date:		
Address:			City:	State:	Zip Code:
Cell Phone:	Home Phone:		Email Address:		
Preferred School Assignment:					
Agreement: I agree that if I am so accordance with all applicable so Year) Program is a MINIMUM ounderstand there is no associated Intern relationship (employment County School District, I undersmy current employment.	chool and WCSD po of one full semester a dexpectation of cont t or otherwise) at an	licies. I understa ind counselor in inued employm y time at Distric	and the WCSD School Cou terns are not compensated ent with this program and t's sole discretion. If currer	nselor Internshi as employees of that the District thy employed by	ip (Partial School the District. I t may end my y the Washington
Signature:			Date:		
hours may be sub-divided into two 300- hour segments at the elementary and secondary level. Counselor Internship field experience hours are unpaid and must not be completed on District paid contract time. Upon successful completion of the minimum one full semester internship assignment and all other educational and program requirements for licensure in the state of Utah, School Counselor Interns may be converted to full time temporary status with salary and benefits according to District Policy through the end of the contract year. This action will be contingent upon receipt of documentation from the candidate's college or university department head verifying that the candidate has completed all requirements and is being recommended for licensure in the State of Utah.  • Must meet all university requirements and obtain approval from the designated university program Coordinator/Director to begin internship hours.  • Must complete a criminal background check through Utah State Office of Education  • Must obtain a valid Counseling Intern Temporary License or Student License through Utah State Office of Education					
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 Approval	Signature	Title		Date	
Institution Name Co Name and Phone nu		.,		N. W.	
Sup	pervising Professor:	Name:		Phone No:	
Human Resource Department C		Signature:		Date:	
	chool Assignment:				
Final Co	ommittee Approval:	1			

WCSD Form 150C 12/2015