

INTERN SUPPORT PROVIDER VERIFICATION FORM

To Be Completed by the Employing Agency, School District, or Charter School Administrator

1. University Intern Information:

Name: _____
First Middle Last

Last four digit of SSN: _____ Student ID# _____

2. Internship Site/Employing Agency

Name of District: _____ CDS Code: _____

Name of School: _____ Name of Principal/Administrator: _____

Address: _____

_____ *City State Zip code*

Telephone Number: _____

3. Type of Internship Assignment—check appropriate box and list specific subject(s):

Title of Intern Position: _____

Date Initial Employment as an Intern (mm/dd/yy): _____

Multiple Subject Single Subject Special Education

Specified Subjects (grades 6–12): _____ bilingual _____

Self-Contained Classroom (grades K–8): _____ bilingual _____

Special Education: _____

4. District Support Provider Information:

Prior to the first date of the assignment, the employing school or agency must assign a district support provider to support the intern candidate. The district support provider must have a valid corresponding Clear of Life Credential, 3 years of successful teaching experience and English Learners Authorization. The employing agency shall provide a minimum of 2 hours of support/mentoring and supervision every five instructional days, totaling at least 72 hours per school year. The employing agency shall maintain records verifying support/mentoring for each Intern and be able to provide them upon request of the University or accrediting agency.

Support Provider Assigned to the university intern: _____

Telephone: _____ Email: _____

Current Position: _____ Credential Held: _____

Approved by HR or current school administrator:

Name of Employer or Designee (print or type) Title of Employer or Designee Phone:

Email: _____

Signature of Employer or Designee (print or type) Date: