



# Public School Intern Request Form

## BYU Special Education



### Instructions:

Brigham Young University Public School Partnership Internships fulfill the student teaching requirement for graduation and licensure. The purpose of the school intern request form is to ensure the high quality placements and mentoring required for internships to substitute for the student teaching experience.

### Process:

Internship approval requires agreement by both BYU and the school district. Details of the process can be found in the Internship Policy document ([link](#)). The major steps are:

1. Students are approved to be considered for an internship by the BYU Department of Counseling Psychology and Special Education (CPSE)
2. Potential placement settings are approved by the CPSE department
3. School and district administrators interview and select intern teachers from approved candidates
4. Continuous evaluation and mentoring of the internship experience takes place by school and district administrators and the CPSE department

On the following page is the request form to have a school site or classroom setting approved by the CPSE department for an intern placement. The request form should be filled out by the district requesting the intern.

### Memo of Understanding:

This form represents a memo of understanding that,

**The school recognizes that the primary purpose of the internship is to provide a quality, professional preparation experience for the intern, which leads to a recommendation for licensure. The school and district commits to provide the mentoring, and other assistance as outlined on page 3 of this document, throughout the entire internship experience.**

# 1. Placement Setting:

District:

School:

Principal's Name:

Principal's Email:

Phone:

Classroom Setting for Licensure in Mild/Moderate Disabilities:

Self-contained

Resource

Other:

Total number of students:

Grade Level:

Subject:

Number by disability:

Autism

CD

DD

ED

ID

LD

Other:

Classroom Setting for Licensure in Severe Disabilities:

Self-contained

Resource

Other:

Total number of students:

Grade Level:

Subject:

Number by disability:

Autism

CD

DD

ED

ID

LD

MD

Other:

## Expectations:

**Yes No**

Yes No The placement settings will provide a typical experience and are not more difficult or challenging than settings for other beginning teachers.

Yes No Interns will be provided with all of the necessary resources to carry out their responsibilities of teaching.

Yes No The intern will have daily scheduled time for preparation and paperwork.

Yes No Any additional responsibilities that the school would like to assign will be pre-approved with the CPSE department.

If the answer to any of the expectations is No, please provide an explanation below:

## 2. Level of Mentoring:

Intern Mentor/Cooperating Teacher:

Name:

Email:

Phone:

Expectations	Question	List Your Response Here
<i>The mentor/cooperating teacher is a certified teacher in the intern's area of licensure.</i>	In what area is the mentor/cooperating teacher licensed? Please list all (i.e.TESOL, Mild/Moderate, Severe, etc.)	
<i>The mentor/cooperating teacher will be on site and available to provide direct assistance to the intern to prepare for teaching prior to the beginning of the school year.</i>	On what date will the mentor/cooperating teacher be available to help the intern prepare for teaching prior to the beginning of the school year?	
<i>The mentor/cooperating teacher will have a minimum of two hours per week of release time for face-to-face mentoring with the intern; which includes observation, collaboration, and consultation.</i>	How many hours of release time will the mentor/cooperating teacher have each week for face-to-face mentoring with the intern?	
	Please clarify/confirm how the collaboration will look in the setting.	

Please provide an explanation below for any responses that do not meet the requirements listed above.

Principal's Signature:

Mentor Teacher's Signature: