Checklist and Guidelines for On-the-Job Internships

The greatest concern of CEHD is that all interns receive adequate support and supervision. The purpose of this contract is to ensure that the intern receives the support needed from the cooperating teacher, university supervisor, and school officials.

COMPLETED APPLICATION MUST INCLUDE:

☐ Submit 2 copies of the attached Request for Approval of On-the-Job (OTJ) Internship with required signatures.

☐ Submit 2 complete application packets, including the following supporting documents, collated in the following order:
   1. Request for Approval of On-the-Job Internship
   2. Unofficial Mason Transcript (may be printed from Patriot Web)
   3. Philosophy Statement
   4. Copies of Praxis Core scores (or qualifying substitute) (official passing scores must already be entered into Banner)
   5. VCLA scores (official passing scores must already be entered into Banner)
   6. Resume

When selecting a cooperating teacher for internship, students must either choose for themselves or have the principal at their school select a teacher. The cooperating teacher must be certified in the intern’s subject area with at least three years of teaching experience.

APPROVED ON THE JOB APPLICATIONS MUST MEET THE FOLLOWING CONDITIONS:

- The student must have completed all coursework for internship, or has permission of faculty advisor to complete some requirements during or after the internship.

- The teaching position is in the endorsement area for which licensure is sought.

- The teaching position must provide the intern with experiences at the grade levels in which they seek licensure.

- The intern must be supported daily by a cooperating teacher who is licensed and experienced in the intern’s licensure area.

- The intern must complete the full time frame of internship prescribed by the state-approved program.

- If the intern currently holds a non-full time position (i.e. instructional assistant or health awareness aide), then the intern’s employer must approve the change in the intern’s employment status or daily responsibilities to fulfill the OTJ requirement.

If the conditions for an approved on-the-job internship are not met, and the intern accepts a full-time teaching position before completing a state-approved program, the student must seek licensure through their employers in accordance with state regulations for provisional licensure.
# REQUEST FOR APPROVAL OF ON-THE-JOB INTERNSHIP

<table>
<thead>
<tr>
<th>Name: ______________________________</th>
<th>School: ______________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Phone: _____________________</td>
<td>Cooperating Teacher Name: ____________</td>
</tr>
<tr>
<td>Licensure Program: ________________</td>
<td>Semester and Year of Internship: ______</td>
</tr>
</tbody>
</table>

Describe in detail the paid position that you will fill during your internship, including grade level(s), teaching responsibilities and other duties (attach an additional or separate sheet if necessary):

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Describe in detail your daily schedule and the on-site supervision that would be provided during your internship, including the name(s), position(s), certification(s), and experience of the cooperating teacher(s) (attach an additional or separate sheet if necessary):

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Describe the roles of supervisors or colleagues who will provide support and feedback. List the activities and schedule for regular support and observation feedback:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

**Principal or Program Director Signature**
I certify that the descriptions above are an accurate description of the support available to the intern and that the division officials are aware of the necessary changes in employment status and/or daily responsibilities to fulfill the on-the-job internship requirements.

Signature of Approval from Principal or Program Director: __________________ Date: ______________

**Recommendation of GMU Advisor:**
I certify that the student has completed all endorsement and other requirements to participate in this internship and meets the standards for a professional disposition.

Advisor Signature: __________________________ Date: ______________