**Request for Internship**

**STUDENT / INTERN INFORMATION:**

Name: Click or tap here to enter text.

Address: Click or tap here to enter text.

Phone:

Email Address: Click or tap here to enter text.

Is this student an employee of RCPS? Yes [ ]  No [ ]

Does the student have children that attend RCPS? Yes [ ]  No [ ]

If yes, what school? Click or tap here to enter text.

Emergency Contact Name & Phone Number: Click or tap here to enter text.

**UNIVERSITY / COLLEGE:**

Name: Click or tap here to enter text.

Department Supervisor Name: Click or tap here to enter text.

Email Address: Click or tap here to enter text.

Phone: Click or tap here to enter text.

|  |  |  |  |
| --- | --- | --- | --- |
| Please list the type of intern placement. (i.e. teaching, speech therapy, social work, ect.) | School Requested: | Student PSC Cert. ID# | Grade /Subject Level Needed |
|   |   |   |   |

**Dates for Field Experience**

 Begin Date: End Date:

**Check the appropriate box & edit the requirements that pertain to your college.**

|  |  |  |  |
| --- | --- | --- | --- |
| [ ] **Observation****Minimum of**  **hrs.****REQUIREMENTS*** Observation
* Tutoring
*
 | [ ] **Pre-Practicum****Minimum of**   **hrs.** **REQUIREMENTS*** Observation
* Tutoring
*
 | [ ] **Practicum****Minimum of**  **hrs.** **REQUIREMENTS*** Observation
*
 | [ ] **Student Teaching****Full Semester****REQUIREMENTS*** Full time teaching
*
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**Please list the reporting requirements from the Teacher or additional requirements for the student intern in the space below.**