The greatest concern of CEHD is that all interns receive adequate support and supervision. Periodic visits from a university supervisor cannot fill the gap created by the absence of daily modeling and/or feedback from a qualified mentor. The purpose of this contract is to ensure that you are getting the support you need as an intern from your cooperating teacher, supervisor, and school officials.

COMPLETED APPLICATION MUST INCLUDE:

☐ Submit ONLY 3 collated copies of your completed Foreign Language Internship Application with the appropriate signatures.

☐ Submit 3 copies of the attached Request for Approval of On-the-Job Internship (OTJ) with appropriate signatures.

☐ Submit each of the 3 packets collated in the following order:

To determine an appropriate cooperating teacher for internship, the student must either choose for themselves or have a principal at their school select a teacher who has been certified for at least 3 years in the intern’s subject area.

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 position is in the area for which licensure is sought.
- The 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 or other supervisor who is licensed and experienced in the intern’s licensure area.
- The intern must complete the full period of internship prescribed for the state-approved program.
- If the intern currently holds a non-fill 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 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>Phone (h)</th>
</tr>
</thead>
<tbody>
<tr>
<td>School:</td>
<td>County:</td>
</tr>
<tr>
<td>Cooperating Teacher Name:</td>
<td>Cooperating Teacher Licensure Status:</td>
</tr>
<tr>
<td>Foreign Language:</td>
<td>Internship Semester:</td>
</tr>
</tbody>
</table>

Describe in detail the paid position that you would fill during your internship, including duties, 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 supervisor(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 to fulfill the on-the-job internship.

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: __________________

7/16/07