**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 |

**Please list the reporting requirements from the Teacher or additional requirements for the student intern in the space below.**