

**SPECIAL EDUCATION ON-THE-JOB INTERNSHIP APPLICATION
SPECIAL EDUCATION PK-12**

**George Mason University
College of Education and Human Development**

Office of Academic and Student Affairs
Robinson A308, MSN: 4B4
4400 University Drive
Fairfax, VA 22030-4444
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To be completed by students using current employment as an internship placement. Students requesting placement should NOT complete this application; the application for placement can be found at http://cehd.gmu.edu/teacher/intpract/applications_manuals_handbooks/.

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.

APPROVED ON THE JOB APPLICATIONS MUST MEET THE FOLLOWING CONDITIONS:

- An appropriate cooperating teacher must be identified to provide support and feedback to the intern during the internship period. The student may identify a cooperating teacher 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.
- 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 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 position other than as a full-time teacher (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.

STEPS FOR APPLYING

CHECK APPROPRIATE DEADLINE FOR YOUR APPLICATION. Applications must be signed by your advisor before being submitted to the Field Relations Support Specialist. Submit one, complete packet to your advisor for review at least 2 weeks prior to the deadline.

- ☐ Spring On-The-Job Applications—Due to Field Relations Support Specialist by December 1
- ☐ Summer and Fall On-The-Job Applications—Due to Field Relations Support Specialist by May 1

NOTE: Any application turned in past the deadline WILL NOT BE ACCEPTED.

STEP 1) REGISTER FOR ALL APPLICABLE TESTS AND/OR REQUEST TEST SCORE REPORTS BE SENT TO MASON. Test requirements are listed at <http://cehd.gmu.edu/teacher/test/>. Sealed, official score reports for all applicable tests should be sent to CEHD Admissions, 4400 University Dr., MS: 4D1, Fairfax, VA 22030. Scores must be on file 2 weeks prior to the start of the semester in which the internship will be completed or the student will not be able to complete the internship.

STEP 2) COMPLETE ON-THE-JOB INTERNSHIP APPLICATION PACKET. Packet must include:

- ☐ Internship Application.
- ☐ Unofficial Mason transcript (available at <http://patriotweb.gmu.edu>).
- ☐ A Goals Statement Two pages typed. ***NOTE: Students may use an updated version of the goals statement submitted as part of their application to the program.***
- ☐ Current resume
- ☐ Negative TB test results If you are a completing an on-the-job internship, inclusion of test results is not required. Initial here if test results are on file with your school system where you will complete your internship ____

STEP 3) OBTAIN ADVISOR'S SIGNATURE. Your application must have your advisor's signature before you submit your packet to the Field Relations Support Specialist. Submit one complete packet including all supporting documentation, and on-the-job supplemental form if applicable, to [Jancy Templeton](#) at least 2 weeks prior to deadline for application submission to the Field Relations Support Specialist. Students are encouraged to meet with their advisor at this time to review their program status and plans for internship. If you do not arrange a meeting, you will need to include a fax number or self-addressed, stamped envelope with your packet so that your signed application may be returned to you.

STEP 4) SUBMIT COPIES OF THE COMPLETED PACKET, WITH ALL NECESSARY SIGNATURES, TO THE FIELD RELATIONS SUPPORT SPECIALIST (ROBINSON A308 OR MAIL TO ADDRESS AT TOP OF APPLICATION) BY THE DEADLINE (SEE ABOVE). Students applying for an on-the-job internship should submit 2 copies. Students should retain a copy of the packet for their records.

STEP 5) REGISTER FOR EDSE 790 INTERNSHIP. Cohort students will find registration instructions on the cohort Blackboard site at <http://blackboard.gmu.edu> by logging in using the username "cohort" and the password "cohort". Traditional (non-cohort) students register at <http://patriotweb.gmu.edu>.

STEP 6) COMPLETE AND/OR PROVIDE OFFICIAL PASSING SCORES FOR ALL APPLICABLE TESTS. Sealed, official score reports for all applicable tests should be sent to CEHD Admissions, 4400 University Dr., MS: 4D1, Fairfax, VA 22030. Scores must be on file 2 weeks prior to the start of the semester in which the internship will be completed.

APPLICANT INFORMATION:

Internship semester: ____ Fall ____ Spring ____ Summer Year: ____

Name: _____
Last First Middle Initial

G Number: _____ GMU E-Mail _____

Current Address _____
Street City State Zip GMU E-Mail Address

Current Phone: Day _____ Evening _____

- ☐ I am in George Mason's traditional program
☐ I am in George Mason's cohort program

PROGRAM INFORMATION:

Licensure Certificate Program (check one):

NOTE: The licensure certificate program should correspond with the certificate program listed on your unofficial transcript under the Current Program section. Please check your unofficial transcript to ensure you are in the appropriate program and applying for the correct internship.

____ Students with Disabilities Accessing a General Curriculum ____ Students with Disabilities Accessing an Adapted Curriculum
____ ED/LD ____ ED/LD/MR ____ Severe Disabilities ____ Visual Impairments
____ Assistive Technology (non-licensure) ____ Applied Behavior Analysis (non-licensure)

Test Scores (check one for each test):

Praxis I: ____ on file ____ taking/requesting (provide test date: _____) ____ exempt
VCLA: ____ on file ____ taking/requesting (provide test date: _____) ____ exempt
VRA: ____ on file ____ taking/requesting (provide test date: _____) ____ exempt

Explain reason for exemption from any of the above tests and provide documentation, such as copy of teaching license, if applicable):

Field Experiences in all Related Coursework:

NOTE: Include information from classroom observations and any course assignments that required practical experience. The course assignments are requirements of the state approved licensure program, and your completion of the field experiences in these classes must be recorded to document your completion of the requirements of the program.

Course	School	Area (ED,LD,MR,SD,VI,etc.)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SPECIAL EDUCATION INTERNSHIP PLANS:

Check one:

- ☐ This is my first internship (EDSE 790).
☐ I am applying for both elementary and secondary internship placements within the same semester

ON-THE-JOB INTERNSHIP SETTING/INFORMATION (TO BE COMPLETED BY STUDENT):

District/county: _____ **School:** _____

EDSE 790 Internship: Circle credit hours requested. (1, 2, 3, 4, 5, 6)

NOTE: Standard internships are 2 credits. Students who wish to complete an internship for other than 2 credits must receive approval from an advisor.

During my internship, I will work as a teacher in a _____ to students in grade/s _____
with _____. I will teach _____.
Disabilities **Subjects**

NOTE: During the internship/s, students must work with students in all areas of disabilities for which you are seeking endorsement. For example, if you are seeking ED/LD/MR endorsement, you will need to work with students with ED, LD and MR. If you do not have students in your classroom with these disabilities, please consult with your principal on ways to work with students with these disabilities during your internship.

Describe, or attach, your daily schedule.

NOTE: Internships vary in length depending upon the number of credits to be earned, the type of internship, and the number of different settings required. Your schedule should demonstrate your ability to accumulate the appropriate number of hours during the internship period. The following guidelines are used to determine the length of licensure internships:

1 credit hour —75 contact hours	--	2.5-3 weeks full-time or its equivalent
2 credit hours —150 contact hours (standard)	--	4-5 weeks full-time or its equivalent
3 credit hours —225 contact hours	--	6-8 weeks full-time or its equivalent
4 credit hours —300 contact hours	--	9-11 weeks full-time or its equivalent

Number of weeks needed to log hours _____

NOTE: Internships that require more than 6 weeks for contact hours to be accumulated require approval from the Field Relations Support Specialist.

I certify that the information provided in this application is accurate and that as part of this position I will develop student IEPs, lesson plans, and participate in meetings regarding student progress. My teaching responsibilities will include direct instruction, co-teach support and/or small group direct instruction. I understand that I will be responsible for reporting student progress toward IEP goals and objectives and classroom standards. If my position changes, I will notify my advisor and the Field Relations Support Specialist. I understand that if the parameters of my position change, I may no longer be eligible for an on-the-job internship. I certify that I have completed all endorsement requirements and pre-requisites and will conduct myself in a professional manner at all times during my internship. Should I withdraw or defer my application, I am also responsible for all fees incurred and for alerting my University Supervisor, Program Advisor and the Field Relations Support Specialist via a written request.

Signature of Internship Applicant: _____ **Date:** _____

COOPERATING TEACHER (TO BE COMPLETED BY STUDENT WITH COOPERATING TEACHER):

NOTE: The cooperating teacher should be someone with at least 3 years of teaching experience and who is licensed in the area in which the student is doing the internship. The cooperating teacher will provide written and verbal feedback regarding lesson planning and classroom instruction. S/he will meet with the intern no less than once every 2 weeks to complete university required paperwork.

Name: _____ **E-mail:** _____ **Phone:** _____

Area/s of licensure/endorsement (exclude provisional/conditional): _____

Years of teaching experience: _____

Briefly describe the agreed upon schedule for meetings/feedback between the intern and cooperating teacher:

I certify that the information above is accurate, and I agree to fulfill the responsibilities of the cooperating teacher, as outlined in the internship manual, during the period of the applicant's internship.

Signature of Cooperating Teacher: _____ **Date:** _____

PRINCIPAL APPROVAL:

I certify that the descriptions of the on-the-job internship setting and cooperating teacher are accurate and that the division officials are aware of the necessary changes in employment status to fulfill the on-the-job internship.

Name of Principal: _____ **Date:** _____

Signature of Principal: _____

ADVISOR REVIEW (TO BE COMPLETED BY ADVISOR)

Test scores:

Praxis I: _____ on file _____ exempt _____ student taking/requesting

Note: _____

VCLA: _____ on file _____ exempt _____ student taking/requesting

Note: _____

VRA: _____ on file _____ exempt _____ student taking/requesting

Note: _____

Internship/s requirements status:

____ Student will complete all internships.

____ Student will submit waiver for one internship.

____ Student has completed waiver for one internship.

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, and have reviewed the setting and supervision of the applicant's current employment and agree that the placement is conducive to fulfilling the requirements for internship.

Advisor: _____ **Date:** _____
(Signature Required)