



INTERN AUTHORIZATION FOR EMPLOYMENT

I. To be Completed by Candidate:

Please check one: New Intern Change of Restriction Intern Extension Intern Re-Activation

Candidate's Name: _____ SSN: XXXX- XX- _____

Signature of Candidate: _____ Date: _____

School District authorization is obtained from the Personnel Division of your school district; contact your employer for procedure. For LAUSD call (213) 241-6520, to be referred to the appropriate Placement & Assignment Personnel Specialist for your school.

II. To be Completed by Human Resource/Personnel Department:

Please complete all sections.

A. Employer Information

Check District/Agency Type: School District County Office School District Charter School
 Independent Charter School Startup Independent Charter School

District/Agency: _____ County-District-School Code (required): _____

School Site Name: _____ School Site Phone #: (____) _____

School Site Administrator: _____ School Site Administrator Email: _____

Check Intern Credential Type (select only one):

General Education: Multiple Subject Single Subject: _____

Education Specialist: Mild/Moderate Moderate/Severe Mild/Moderate Support Needs (MMSN)
 Extensive Support Needs (ESN) Deaf/Hard-of-Hearing (DHH) Early Childhood (ECSE)

Pupil Personnel Services: School Counseling School Psychology

B. Assignment Information

Beginning Date of Intern Employment or Extension (month/day/year): _____

In setting the beginning date of employment, the Local Education Agency (LEA) understands that the University provides CTC-required support for Interns only during its regular fall and spring semesters (late August to late December; late January to late May). This support includes sequenced coursework; classroom support, coaching, and on-site observations by University Supervisors; monitoring of university-provided University Supervisor and employer-provided Support Provider mentoring; and a biweekly or weekly seminar at the University. Interns who begin employment before enrollment at the University must be supported by the LEA from the date of hire. The LEA must assign a Support Provider (SP) who meets the required qualifications, and ensure the SP provides support from the date of hire.

Subject(s) assigned to teach: _____ Grade(s): _____

Criteria for a qualifying Intern position.

- Full-time teaching, school counseling, or school psychology position at a public or charter school.
- The position must be in an appropriate setting authorized by the Intern credential.
- In Multiple Subject/Elementary, the position must consist of
 - at least 4 periods/hours daily, or 20 hours weekly
 - a self-contained classroom - one group of children taught by a single teacher. Two groups are allowed in the case of a dual language immersion program.

- teaching multiple subjects, defined as two or more subjects, such as Mathematics/Science, or English/Social Science
- full-class situations (classes of at least 18 students).
- In Single Subject/Secondary, the position must consist of at least 4 periods/hours daily, or 20 hours weekly, of teaching in the content area of the Intern Credential being sought, in full-class situations (classes of at least 18 students).

Single Subject Interns are not authorized to teach out-of-subject classes. ELA/English candidates are not authorized to teach separate, departmentalized English Language Development (ELD) courses as part of the 4 periods that qualify for Intern employment. ELA/English candidates must teach at least 4 periods of English/ELA classes.

C. Support Provider

The Human Resources or Personnel Office and the school Principal/Director will need to identify a teacher from the school to serve as the Support Provider to the Intern. The teacher must (a) have a Level II, Clear or Life credential, (b) have worked as a teacher for at least three years, and (c) have demonstrated mastery in the classroom. If the LEA has difficulty selecting a Support Provider at the site in the same credential area as the Intern, the LEA may select an off-site Support Provider in the same subject, but will need to select an additional Support Provider at the site, in any subject, to provide additional support. The Support Provider below agrees to work with California State University, Northridge to provide direction and support for professional development of the Intern named above.

Support Provider Name: _____ Email: _____

Years of teaching experience: _____ Credential Held: _____

School site and address: _____

D. Personnel Division Approval

By signing below, the LEA understands and agrees to the following conditions:

- As per the MOU between the LEA and the University, the LEA must identify an onsite Support Provider for the Intern within 2 weeks after the first day of work at the school site. The Support Provider must be an experienced, credentialed teacher with an English Learner Authorization who can be immediately available to assist the Intern with planning lessons that are appropriately designed and differentiated for English Learners.
- The LEA must assign the Intern an instructional course load or position that meets the University’s criteria for Interns, for every term that they remain an Intern. (See Section B for these criteria.)
- The Intern must be available for credential courses at the University, generally between 4:00 and 9:45 pm, Mondays through Thursdays. The LEA should not employ the Intern for late afternoon or evening positions (e.g., athletic coaching) that conflict with required University courses
- The Intern Credential is valid for two years. Extensions are granted only in extenuating circumstances.
- The LEA may hire Interns only to alleviate a shortage of qualified and certificated employees. An Intern may not be hired to replace a certificated employee

District Human Resources/Personnel Representative: _____

Email: _____ Phone: _____

Signature of District Human Resources/Personnel Representative: _____ Date: _____

III. TO BE COMPLETED BY THE UNIVERSITY

The University Intern Program Coordinator has advised the above candidate and approved the proposed internship assignment. The Credential Office will verify that all requirements for the Intern credential have been met and, if appropriate, submit a recommendation to the Commission on Teacher Credentialing.

Intern Coordinator Name: _____ Signature: _____ Date: _____