

Pre-Approval Form

Student Name:

Year:

Pre-Approval of Ed.S. Internship

Intern: _____

Internship placement: _____

Supervisor(s): _____

Supervisor(s) credentials (e.g., NCSP, State Certification, Ed.S.): _____

Supervisor(s) Contact info

Phone: _____

E-mail: _____

Address of Site: _____

Description of educational setting/site(s)

**General information of district and student populations served*

**Information about Intern's setting and requirements in this setting*

**State whether the Intern will be serving school independently or jointly with supervisor or another school psychologist*

Supervision arrangements (Describe initial supervision plans, including frequency of contact and proposed content to be discussed in sessions)

Proposed Initial Student Learning Experiences (e.g., PD, team meetings, group supervision/learning)

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Student Name:

Year:

Estimated Work Schedule

**Full time or part time (circle)*

**Daily work schedule*

**Start date:* _____

**End date:* _____

Signatures:

Intern

Date

School Psychologist Primary Supervisor

Date

Pre-Approval

-
- Yes
 - Pending. Additional information requested:
 - No. Student should meet with the university supervisor immediately to discuss other placements
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Ed.S. interns should complete this form, as well as the contract form outlined in the syllabus by September 15 of the internship year.
