

UNC-CHAPEL HILL SCHOOL OF EDUCATION
Student Internship Application Information
School Counseling, M.Ed.

Complete the following forms and return to:

Dr. Cheryl Horton
UNC-Chapel Hill School of Education
CB 3500, Peabody 014A
Chapel Hill, NC 27599 - 3500
(919) 843-3612 - chorton@unc.edu

- **Program Placement Application**
- **Triangle Alliance Application for Student Teaching/Internship Placement Form.** *Information in outlined boxes is for institutional use only. Do not fill in those blanks).*
- **Triangle Alliance Student Information Form.** *Information is provided directly to your cooperating teacher or internship supervisor.*
- **Background Information Form**

NOTE: Students must also submit a **Health Examination Certificate**. School systems will not officially acknowledge your student teaching assignment and will not allow you to report to your school until your completed health form has been filed.

Download form: http://soe.unc.edu/services/student_affairs/forms/student_teaching/health_exam.pdf

STUDENT RESPONSIBILITIES

It is your responsibility to keep the Office of Student Affairs informed of the following changes:

- If you plan to postpone student teaching, you must immediately provide written notice to your Program Chair with a copy to Dr. Cheryl Horton.
- If you plan to withdraw from the Teacher Education Program, you must provide written notice to your Program Chair, with a copy to Dr. Cheryl Horton.
- If you change your home address, phone number and/or email address, you must contact your program coordinator or university supervisor.

IMPORTANT INFORMATION REGARDING STUDENT TEACHING PLACEMENT

- We will consider your stated preferences regarding grade level, subject area and/or site, but we cannot guarantee that you will get your first choice. Program faculty must review many factors in making final student teaching assignments. You are obligated to accept the position offered. Arrangements for transportation and housing are the responsibility of the student.
- The student teaching semester or internship will require your full-time commitment. During this semester, you may register only for courses required by the program. Student teachers and interns may not engage in part-time work during the practicum without the **prior written consent** of the program chair and the university supervisor. Prior consent is also required for those who wish to participate in time-consuming extracurricular activities, including, but not limited to university-sponsored sports, band, sorority activities, etc. Extra-curricular activities on or off campus must not interfere with student

teaching duties, including after-school responsibilities and meetings. Contact your program chair if you have questions about this guideline.

- Your school system may require an additional criminal background check. There may be a fee. You must comply with their requests in order to be eligible to work with their students.
- During the student teaching semester, students will comply with the policies, procedures, and rules of the school system to which they are assigned. Such regulations include work hours, vacation schedules, attendance at meetings, extra-curricular assignments, and dress and grooming guidelines. Student teachers and interns will observe the same spring vacation schedule as their cooperating teachers.
- Before the beginning of the full time practicum, there will be a final screening to confirm that you are eligible to student teach. If you have not met all preliminary requirements set by your program, you may be required to cancel your semester registration and forfeit your practicum placement. If you suspect that you may be in jeopardy of becoming ineligible, you must contact your program chair and Anne Bryan, Director of Student Services, immediately.

Contact Information

Contact the following individuals if you have any questions:

Dr. Cheryl Horton
UNC-Chapel Hill School of Education
CB 3500, Peabody 014A
Chapel Hill, NC 27599-3500
(919) 843-3612 - chorton@unc.edu

If you wish, you may mail or drop off your application to the address above.

INSTITUTION OF HIGHER LEARNING UNC-CHAPEL HILL <hr/> PARTICIPATING AGENCY	ASSIGNMENT <i>(IHE has confirmed with LEA)</i> 1. Cooperating Supervisor: _____ 1. School: _____	ASSIGNMENT <i>(IHE has confirmed with LEA)</i> 2. Cooperating Supervisor: _____ 2. School: _____
--	--	--

2016 - 2017
**APPLICATION FOR SCHOOL COUNSELOR
STUDENT INTERNSHIP PLACEMENT**

PLEASE TYPE OR PRINT – *Information provided to school system*

Name _____
Mr./Mrs./Miss/Ms. Last First Middle Maiden Prefer to be called

UNC PID _____ Date of Birth _____
Mo Day Yr

CONTACT INFORMATION

Local/College Address: _____ Phone: () _____
Effective date: _____

Permanent/Home Address: _____
Phone: () _____

E-Mail Addresses: _____
Preferred Alternate

LICENSURE INFORMATION

Area and Level of licensure sought: ***School Counselor - Advanced Graduate Level Licensure***
Anticipated graduation semester/year: _____
Expected degree: Master of Education

GRADUATE INTERNSHIP *(List in order of preference)*

Elementary _____ Middle School _____ High School _____

Do NOT fill in this information: First day to report for observation: _____ Dates of Full Time Assignment: From _____ to _____

EDUCATION (Provide School Name, City/County, State)

Other graduate programs: _____

Undergraduate: _____

High School: _____

Middle/Junior High: _____

Elementary: _____

EMERGENCY CONTACTS

<i>Name</i>	<i>Relationship</i>	<i>Day Phone</i>	<i>Evening Phone</i>
_____	_____	_____	_____
_____	_____	_____	_____

HEALTH STATEMENT

Have you been under a doctor’s care during the past two years? ___Yes ___No If “YES,” explain briefly. _____

TRANSPORTATION PROBLEMS? ___Yes ___No If “YES,” explain briefly.

1. Interns are expected to abide by the participating agency’s calendar and by all the schedules and policies in effect in the school to which they are assigned.
2. Interns will receive no financial remuneration for the intern experience.
3. Interns will be assigned to schools without regard to the sex or race of the applicant.
4. Interns are responsible for the expense of a criminal background check if required by the school system.

Signature of Counseling Intern _____
Date

<u>RECOMMENDATION OF INSTITUTIONAL REPRESENTATIVE</u>	
_____ Program Coordinator	_____ Date

Background Information

For the purposes of the following seven questions, “crime” or “criminal charge” refers to any crime other than traffic-related misdemeanor or an infraction. You must, however, include alcohol or drug offenses, whether they are traffic-related.

Have you been convicted of a crime?

yes no

Have you entered a plea of guilty, a plea of no contest, a plea of *nolo contendere*, or an Alford plea, or have you received a deferred prosecution or prayer for judgment continued, to a criminal charge?

yes no

Have you otherwise accepted responsibility for the commission of a crime?

yes no

Do you have any criminal charges pending against you?

yes no

Have you ever been expelled, dismissed, suspended, placed on probation, or otherwise subject to any disciplinary sanction by any school, college, or university?

yes no

If you have ever served in the military, did you receive any type of discharge other than an honorable discharge?

yes no currently serving never served

Have you ever had a certificate revoked or suspended by any state or other governing agency?

yes no

If you answered “yes” to any of the seven questions above, please explain the circumstances in the space below:

I certify that the information provided here is complete and accurate. I authorize the School of Education to make reasonable inquiry if any doubt should arise, and I understand that falsifying or withholding information in completing this application constitutes grounds for immediate withdrawal of my application from further consideration, and cancellation of admission or registration.

Signature of Applicant: _____ Date: _____