

Semester: _____

Date: _____

EDDN 698 SBL

INTERNSHIP AGREEMENT (PRINT OR TYPE) (rev. 6.27.18)

Name: _____

Home Address: _____

Phone #: () _____

Email: _____

District: _____

Site: _____

Faculty Advisor: _____

Site Supervisor: _____

Position: _____

Site Address: _____

Site Phone #: () _____

Fax #: () _____

Site Supervisor's work email address: _____

Site Supervisor's personal email address: _____

The student indicated above has been approved for participation in the internship program in School Administration and Supervision at Touro College. The student agrees to comply with all regulations of the New York State Department of Education regarding college sponsored and school supervised internships. The New York State certified school supervisor or administrator indicated above will supervise the intern on site.

The intern will be responsible for:

1. Attending a mandatory **internship orientation session**.
2. Attending one mandatory **three-hour seminar**.
3. Maintaining a **daily log** of internship activities that are supervisory or administrative in nature. This *must* follow prescribed format.
4. Implementation of **action research paper**.
5. Complete a **reflection paper** that analyzes how you believe the Touro College experience prepared you for school building/district leadership.
6. Presenting all work in an **electronic portfolio**.

The internship will require a total of three hundred (300) hours. The site supervisor will supervise the intern on a daily basis and will confer with the Faculty Advisor. The intern will be visited by a Faculty Advisor twice during the semester for the purpose of reviewing the intern's performance and consulting with the site supervisor.

Signatures:

Intern: _____

Date: _____

Site Supervisor: _____

Date: _____

Faculty Advisor: _____

Date: _____