**Intern Program**

**District Support Provider Information Sheet**

Per CTC requirements, the employing district is responsible for identifying a District Support Provider to esure that the intern teacher is supported and mentored, and there is adequate supervision at his/her placement. The minimum qualifications for the District Support Provider include the following:

1. **Valid corresponding Clear or Life Credential**
2. **Three years successful teaching experience**
3. **English Learner Authorization**

**Name of Intern**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Today’s Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**District:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**District Support Provider Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Professional Background**

Valid Clear or Life Credential (Please indicate years of teaching experience in the checked area):

Education Specialist Instruction Credential in

\_\_\_\_\_\_\_Mild/Moderate Disabilities \_\_\_\_ Years of Experience

\_\_\_\_\_\_\_ Moderate/Severe Disabilities \_\_\_\_ Years of Experience

\_\_\_\_\_\_ Early Childhood Specia Education \_\_\_\_ Years of Experience

\_\_\_\_\_\_ Visual Impairments \_\_\_\_ Years of Experience

Credential Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your signature declares your intent to be a District Support Provider for the above named intern while he/she is being employed by the district on an intern credential.

**Please attach a copy of the credential with this signed sheet and return both to the intern named above.**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_