STUDENT TEACHERS/INTERNS

Teachers accepting a student teacher are expected to maintain a level of instruction comparable to their own. It is improper and unrealistic to leave a student teacher completely alone for long periods of time. The class remains the responsibility of the permanent teacher.

Student teachers are not to encourage a gift from an individual student or from groups of students.

The school district will accept the student teachers from accredited institutions of higher learning at the discretion of the Superintendent of Schools.

Adopted 9/24/68
Revised 11/22/77
INTERNS

An intern will be accepted when the Superintendent of Schools, the university or college advisors and the applicant have established the role and responsibilities for the appointment.

The salary, or lack of same, is to be determined by the agreement with the university or college.

The intern will be assigned to a staff relationship with one person in the school system.

The schedule of on the job time is to be arranged prior to the appointment. Once established, the schedule is expected to be followed.

The limits of authority granted an intern will be set in writing after a conference with the intern, the school building administrator, and the Superintendent of Schools.
STUDENT TEACHERS/INTERNS

Student Interns/Teachers (“Interns”) are covered by the District’s Policies LDA and GCQG; building principals, cooperating teachers, and the Interns should familiarize themselves with the policies.

The District encourages the placement of Interns. To simplify their placement in the district, the following procedure shall be used:

* The Intern will work directly with individual schools and building principals to find a cooperating teacher and/or assignment.
* Once an assignment has been agreed upon, the Intern will complete a Student Intern Placement Form and submit it to the cooperating teacher for signature (indicating acceptance of the assignment), and to the building principal for signature (showing agreement). Placement packages are available at the School Administrative Offices.
* The Intern is responsible for submitting the following documents to the building principal/area director BEFORE PLACEMENT: (1) two letters of recommendation from the faculty of the sending school; (2) two personal letters of recommendation attesting to the Intern’s character; (3) copy of the Intern’s transcripts; (4) copy of the sending school guidelines for student teacher placement. (The guidelines should outline the responsibilities of the District and cooperating teacher, as well as the Intern and sending college.)
* The Intern must complete the Criminal Record Release Form at the School Administrative Office. A secretary at that office will notarize the form, but the form must be signed in her presence. Fingerprinting will take place at the SAU office at a cost of $25.50, check made payable to “State of NH – Criminal Records”.
* One photocopy of the signed placement form should be sent to the Human Resource Department for filing.
* Once a placement is accepted, the building principal/area director will send a notice to the sending college and Intern indicating that the placement is accepted.
* All records regarding placements shall be maintained by the building principal/area director. It is the responsibility of the principal/department head and cooperating teacher to follow the guidelines of the sending college.
SALEM SCHOOL DISTRICT
SCHOOL ADMINISTRATIVE UNIT #57
Salem, New Hampshire 03079

STUDENT INTERN PLACEMENT FORM

PERSONAL INFORMATION
First Name: ___________________________ MI: _____ Last Name: ___________________________ M □ F □
Preferred Name: ___________________ Marital Status: Single □ Married □ Divorced □ Separated □ Widowed □
SS #: ___________________________ Birthday: ________________
Street Address/Mailing Address: __________________________________________________________
City/Town: __________________ State: ______ Zip: ______ Home Telephone: ____________

EMERGENCY INFORMATION
Name: _______________________________ Name: _______________________________
Street __________ City/State/Zip __________ Street __________ City/State/Zip __________
Relationship __________ Home Phone __________ Work Phone __________ Relationship __________ Home Phone __________ Work Phone __________
Special Emergency Medical Information: ____________________________________________

Cooperating Teacher: ______________________________________________________________
Cooperating School: ___________________________ Grade: _____ Subject: ______________
Dates of Placement: From ____________ to ______________ Fingerprinting Completed □
Sending College & Complete Address: ________________________________________________

College Supervisor & Telephone Number: ____________________________________________

WHEREAS the Salem School District ("District") agrees to conditionally accept the above-named Student Teacher ("Student") under the provisions of the district’s Policy GCQG and the above-named college’s guidelines for student teacher (the Student is responsible for supplying the District with any and all guidelines relative to the placement), the Student agrees to notify the District of any changes in the above information, and further agrees to abide by all District policies and procedures. The Student understands and agrees that this agreement does not constitute an employee-employer relationship with the District.

FURTHER, the Student here authorizes the District and its agents to release any and all records of their student teaching in the District to each and every school district and/or company (or their authorized agents) which may request such information in connection with a performance assessment and/or an application for employment. The Student hereby releases, discharges, and holds harmless the district, their successors and assigns, for any and all liability claims, demands, obligations and causes of action whatsoever, resulting from release of said records.

AGREED:

Student ___________________________ Date ___________________________
Cooperating Teacher ___________________________ Date ___________________________
Building Principal ___________________________ Date ___________________________
Assistant Superintendent ___________________________ Date ___________________________

cc: Human Resource Dept.
Revised 8/07