

APPLICATION FOR GRADUATE PRACTICUM / INTERNSHIP IN YOUR OWN SCHOOL/CLASSROOM

County of Employment	
Semester of Practicum	
Name of Applicant	
Address	
City, State, Zip Code	
Phone Number	
Work Number	
Email Address	
Social Secuirty Number	

Provide the following information regarding the school in which you currently teach

Name of School	
Phone	
Principal's Name	
Site Supervisor	

(Certified school counselor with clinical educator training)

Age range of students in your class	
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Are you in a full-time instructional position?	Yes	No
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Are you in a full-time school counselor position?	Yes	No
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Have you completed the securty clearance process for the appropriate county?		
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<i>(You must attach a copy of your clearance to this application)</i>	Yes	No
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Applicant's signature	Date
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Advisor's Signature	Date
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Principal's Signature	Date
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Clinical Educator's Signature	Date
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