

TEACHING INTERNSHIP APPLICATION

DEADLINES: April 1st for Fall Semester, November 1st for Spring Semester. In the event that April 1st or November 1st falls on a weekend, the next Monday will become the deadline.

NOTE: Students need to apply for teaching internship the semester prior to the semester in which they will be doing the teaching internship.

SEMESTER AND YEAR FOR WHICH YOU ARE APPLYING _____

SECTION I: PERSONAL INFORMATION Complete the information requested in this section: name, address, social security number, phone number, e-mail address and cell phone number, if one is available. **(Write clearly)**

Name _____
(Last) (First) (MI)

Address _____

(City) (State) (Zip Code)

Social Security _____ Phone Number _____

E-mail Address _____ Cell Phone _____

Most correspondences will be via E-mail.

SECTION II: PROGRAM / COURSEWORK INFORMATION

a) Department _____ b) Degree _____
Write either Early Childhood / Childhood Education or Middle and High School Education. Write the degree you are completing; either BA, BS, M.Ed.

c) Content Area _____ d) Teacher Certification Route _____
Write the content area you are studying: Art, Early Childhood, Childhood, English, Foreign Language, Health, Mathematics, Music, TESOL, Science, Social Studies, or Special Education. Write one of the following: Traditional BA, Traditional BS, Traditional M.Ed., Teach for America, New York City Teaching Fellows, or TOPS.

e) Teaching internship course and seminar (if separate from the teaching internship course) for which you need to register.

CIRCLE THE APPROPRIATE INTERNSHIP COURSE IN WHICH YOU WILL BE REGISTERING

Program	Graduate Course / Courses
Art Education	ESC 595
Childhood	EDE 784, EDE 783 (seminar)
Early Childhood	EDC 784, EDC 783 (seminar)
English	ESC 595
Foreign Language	ESC 595
Health	ESC 595
Mathematics	ESC 595
Music	ESC 595
TESOL	ESC 797
Science	ESC 595
Social Studies	ESC 595
Special Education Early Childhood	EDS 719
Special Education Childhood	EDS 719
Special Education Middle and High School	EDS 719

f) Courses that you plan to take while doing the Teaching Internship _____

Write any other courses from your program that you are planning to take at the same time that you do the teaching internship.

g) Anticipated Date of Graduation _____ *Write your expected date of graduation.*

SECTION III: SCHOOL SITE INFORMATION *In completing this section, keep in mind that you will be doing your internship at your work site, as long as: a) the school principal approves your use of the school for your field experience; b) the school is within reach for a Lehman supervisor to visit you; c) Lehman College has an available supervisor in your discipline that can travel to visit you at the school; d) the school site provides the appropriate experience that you need to get certified in the specific area of certification for which you will be recommended.*

School Name/Number & Address _____

Telephone _____ Fax Number _____

Principal _____ A.P. _____

Immediate School Supervisor responsible for your evaluations _____

Mentor Teacher _____ Content Area _____

Grade Level _____ Job Description _____

SECTION IV: DOCUMENTATION REQUIRED WITH APPLICATION

Make sure that your application form has all the documentation required:

1) Teacher Certification Examination: A COPY OF YOUR SCORE REPORTS OR REGISTRATION FOR THE FOLLOWING EXAMS MUST BE ATTACHED. ALSO LIST THE SCORES OR DATES WHEN EACH OF THE EXAMS WILL BE TAKEN.

Scores	or	Dates when exams will be taken
LAST _____		_____
ATS-W _____		_____
CST _____		_____

2) _____ **Attached Teaching Internship Permission Request** signed by your school's principal or early childhood education center director indicating that it is appropriate for you to do your internship experience at that site. The grade level in which you work and the content area you teach need to correspond to the type of certification that you be requesting. ***(Only for full-time teachers in elementary/childhood or middle and high school settings and head teachers in early childhood education programs applying to do internship at their place of work.)***

3) _____ **Attached IRB Consent Form:** *You will be asked to respond to questionnaires or surveys to help the Division of Education at Lehman College evaluate, understand, and enhance the quality of our educator preparation programs. Your participation in any of our studies is completely voluntary, and your responses will always remain confidential.*

SECTION V: ADVISOR AUTHORIZATION

a) Authorization of **Major Department Advisor** *(When Appropriate)*

Number of Credits still to be taken in Major _____

Name of Major Department Advisor _____

Signature of **Major Department Advisor** **Lehman Extension** _____

Before signing the form, the advisor needs to check the student's record at Lehman and make sure that the candidate has taken all the coursework necessary to be able to do the internship next semester.

b) Authorization of **Education Program Advisor or Coordinator**. *Note to the Advisor: Check the student's transcript before signing this document. The advisor's signature indicates that the student has completed the program prerequisites including methods courses and has the GPA necessary to do internship next semester. Also check that documentation required is attached. Thank you.*

Methods courses still to be taken _____

Name of Education Program Coordinator/Advisor _____

Signature of **Education Program** Coordinator/Advisor **Lehman Extension** _____

Before signing the form, the advisor needs to check the student's record at Lehman and make sure that the candidate has taken all the coursework necessary to be able to do the internship next semester.

Contact Person: Elvani Pennil, Professional Development Network Coordinator

Office: Carman Hall B-33

E-mail: elvani.pennil@lehman.cuny.edu

Telephone: 718.960.8004

Fax: 718.960.7855

TEACHNG INTERNSHIP PERMISSION REQUEST

Dear Principal:

The teacher whose name appears below has applied to be enrolled in an Early Childhood and Childhood Education (ECCE) or a Middle and High School Education (MHSE) teaching internship course next semester. In order to complete the internship, the intern needs to be a full-time teacher (kindergarten through grade 2 for Early Childhood Education; grades 1 through 6 for Childhood Education; or grades 7 through 12 for Middle and High School Education). Once enrolled in the internship course, the intern will be assigned a Lehman faculty member who will visit your school several times to observe the intern while he or she is teaching.

To give permission for the applicant to participate in the internship course while teaching at your school, please complete the bottom portion of this form.

I appreciate your cooperation and support. If you have any questions about the internship course or if there is anything you would like to discuss regarding the internship applicant, please feel free to contact me at 718-960-8004 or elvani.pennil@lehman.cuny.edu.

Sincerely,



Elvani Pennil
Coordinator, Professional Development Network

INTERNSHIP APPLICANT

Internship Applicant Name: _____

Mentor (if applicable): _____ Mentor Contact Info. (Tel. or Email): _____

School: _____

Address: _____ City: _____ State: _____ Zip: _____

Tel.: _____ Region: _____ District: _____

PRINCIPAL

I, _____ (**principal's name**), the principal of _____
(**school**), give permission for _____ (**name of teacher/internship applicant**) to complete the required Lehman College internship while teaching at my school.

Principal's Signature

Date



Lehman College
The City University of New York

**Institutional Review Board for the Protection
of Human Subjects**

Investigator: Deborah Eldridge, Ph.D.
Dean of Education
Carman Hall B33
Lehman College/CUNY
Bronx, NY 10468

Tel: (718) 960-6777
Email: deborah.eldridge@lehman.cuny.edu

Institutional Contact: Lois Levy, LCSW
IRB Administrator
Shuster Hall, Room 330
Lehman College/CUNY
Bronx, NY 10468
(718) 960-8717

lois.levy@lehman.cuny.edu

CONSENT FORM

TITLE OF PROJECT: Evaluating, understanding, and enhancing the quality of educator preparation programs in the Division of Education at Lehman College.

PURPOSE OF THE STUDY

You are being asked to respond to some questionnaires or surveys. The purpose of the project is to evaluate, understand, and enhance the quality of educator preparation programs in the Division of Education at Lehman College.

DESCRIPTION OF THE RESEARCH

We will collect data through surveys, and/or questionnaires of each student enrolled in an educator preparation program and an education alumna. The responses from each individual help the Division of Education and academic programs better understand the needs of the students and graduates so as to enhance the quality of the educator preparation programs in the Division of Education and to meet the requirements of the accreditation agencies.

POTENTIAL RISKS OR DISCOMFORTS

There will be minimal degree of psychological stress and anxiety.

POTENTIAL BENEFITS

Findings of the project could benefit the students in many different ways. They could lead to: (1) the design of programs that are better suited for the improvement in the quality of educator preparation programs; (2) improvement of services to support students in teaching and learning; (3) development of new education courses or revision of existing courses and practices to address students' needs; and (4) better education opportunities for underrepresented minority Hispanic and African American undergraduate and graduate students to pursue a lifetime teaching career.

CONFIDENTIALITY

Your identity as a participant in this research study will be kept confidential in any publication of the results of this project. The information obtained during this project will be kept confidential. Once the data are collected they will be stored and locked up in cabinets in the Dean's office. Only the principal investigator and the evaluator will have access to the data and will code the original data and know the identity of the participants in the project. The coded data will ensure the anonymity and confidentiality of the participants. After the completion of the project, the data will be destroyed.

VOLUNTARY PARTICIPATION

Your participation in this study is totally voluntary.

TERMINATION OF PARTICIPATION

You are free to withdraw consent and discontinue participating in this study at any time. You do not have to answer any questions that you prefer not to answer. Your decision to participate or not to participate will not, in any way, affect your status in the educator preparation program OR your standing in the college.

CONTACT PERSON(S)

If you have any questions or concerns about this study or your rights as a participant please contact the principal investigator or the institutional contact person at the addresses and telephone numbers above.

Lehman College/CUNY
Institutional Review Board for the
Protection of Human Subjects
6/4/09
Date Approved
EXEMPT
Approved/Patrol



Lehman College
The City University of New York

**Institutional Review Board for the Protection
of Human Subjects**

I have read this consent form and I understand the procedure to be used in this study. I freely and voluntarily choose to participate. I understand that I may discontinue participation at any time.

Name (printed): _____

Signature: _____ **Date:** _____
