



INTERNSHIP APPLICATION
FOR PUPIL SUPPORT SERVICES/GUIDANCE PERSONNEL

Dear Applicant:

Thank you for selecting the Yonkers Public Schools as your choice to do your internship. Please fill out **Section 1** of the form below and have it signed by your college / university official. **Attach to this form, on official school letterhead, your supervisor's request that you do your Pupil Support Services Personnel internship in the Yonkers Public Schools, indicating beginning and completion dates, and number of hours per day. Upon completion, please return both the letter and this form to the department of Pupil Support Services or Guidance, depending upon internship.**

SECTION I

Name: _____ Tel. No. _____

Address: _____
Street City State Zip Code

College: _____ Tel. No. _____

Address: _____
Street City State Zip Code

Internship (check one): Counseling Psychology Social Work

Supervisor in Charge of Internship: _____

School Preferred: _____ Area: _____

Beginning Date: _____ Completion Date: _____

Days of Week: _____ Hours Per Day: _____

Signature of College / University Official: _____

PLEASE DO NOT FILL IN THIS SECTION

SECTION II

Assigned to: School: _____ Principal: _____

Address: _____

Supervising School Personnel: _____

APPROVED: _____ DATE: _____

PUPIL SUPPORT SERVICES/GUIDANCE ADMINISTRATOR SIGNATURE

APPROVED: _____ DATE: _____

DIRECTOR, PERSONNEL/HUMAN RESOURCES SIGNATURE

*Continue on back

TO BE COMPLETED AND RETURNED TO DEPARTMENT OF PUPIL SUPPORT SERVICES OR GUIDANCE AFTER INTERNSHIP IS COMPLETED FOR ACCRUING OF IN-SERVICE CREDIT(S)

SECTION III

Intern's Signature _____ DATE: _____

Supervising School Personnel's Signature: _____ DATE: _____

COMPLETED: _____ DATE: _____

PRINCIPAL'S SIGNATURE

APPROVED: _____ DATE: _____

PUPIL SUPPORT SERVICES/GUIDANCE ADMINISTRATOR SIGNATURE

APPROVED: _____ DATE: _____

DIRECTOR, PERSONNEL/HUMAN RESOURCES SIGNATURE

ONE IN-SERVICE CREDIT

TWO IN-SERVICE CREDITS