KCSOS INTERN PROGRAM

20010-2011
INTERN
COMMITMENT FORM

Intern:

Please complete this form and return to ___District Contact_______________

Intern Responsibilities:

☐ Meet regularly with on-site Mentor (no less than 2 hours per month/20 hours throughout the school year, SB1209).

☐ Obtain and keep a copy of your Intern Collaborative Logs

☐ Hold discussions with your Mentor around the California Standards for the Teaching Profession and California Content Standards.

☐ Provide feedback on Intern program effectiveness to the district coordinator, consortium director and by completion of Commission on Teacher Credential Intern Program Survey.

☐ Seek out assistance to meet your individual professional growth goals.

☐ Document and participate in the Programs of Support (no less than 4 hours per month/40 hours throughout the school year) provided by the Intern Consortium.

I agree to the above-mentioned responsibilities as an Intern:

______________________________________________________________________________
Intern Signature

______________________________________________________________________________
Date

______________________________________________________________________________
Intern Name (please print)

______________________________________________________________________________
Intern - District and School Site

______________________________________________________________________________
Mentor Teacher Name (please print)

______________________________________________________________________________
Intern Email Address

Contact Person: Emily Walker – Project Facilitator Intern Program
Ph- 661-636-4743, Fax- 661-636-4042 emwalker@kern.org