GOOSE CREEK CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

GCCISD ADMINISTRATIVE/PROFESSIONAL INTERNSHIP
INSTRUCTIONS AND EXPECTATIONS

Below are the requirements and expectations for Goose Creek CISD in-district only administrative/professional interns (all non-Goose Creek CISD internship applicants will be considered on an individual basis):

1. **Approval for Placement**
   a. Contact the Human Resources Department at 281-707-3539 to request a GCCISD Request for Internship form.
   b. Complete the request form and submit it to the Assistant Superintendent of Human Resources for approval.
   c. It may take up to 10 work days for your request to be processed. Once approved by the Human Resources Department, HR Directors will contact the appropriate department(s) and/or campuses.

2. **Internship Guidelines**
   Please read and adhere to the following guidelines:
   a. Internships can start once all paperwork and verification has been completed by the HR Department.
   b. Interns will be required to wear their ID badge during their internship.
   c. Interns will need to respect the campus decisions in which they will be assigned.
   d. Internships will not be approved at any campus where their child is currently enrolled.
   e. Students’ names and education records are confidential under the Texas Education Code and the Family Education Rights and Privacy Act. When accepted as a GCCISD intern, you must agree to abide by these laws and maintain the confidentiality of this information.
   f. Please adhere to the mentor’s schedule regarding visits to individual classrooms during instructional time. Additional visits shall not be permitted if their duration or frequency interferes with the delivery of the instruction or disrupts the normal school environment.
   g. Be respectful of the campus’ ultimate purpose of educating the students that attend the campus and serving the needs of those families. Assisting with an internship is not a focus to their main goal. Please be courteous to the campus assisting you.
   h. Requests for videotaping will not be permitted.
   i. The campus administrator and the HR Directors have the authority to deny or discontinue requests for internship.
   j. Internship activities/hours should occur outside of instructional time.

3. **License Professional Hours for LPCs**
   a. Individuals seeking LPC hours must request permission from the Deputy Superintendent of C&I and the Director of Guidance & Counseling for approval. Request must be supported by the university and hours may be earned during the employee’s conference time or during non-instructional time. (written parent approval prior to ANY counseling and/or assessment will be required.)

If you need any additional information, please contact 281-707-3539.
REQUEST FOR INTERNSHIP
ADMINISTRATIVE/PROFESSIONAL

Internship Type: _____Superintendent _____Principal _____Counselor _____Educational Diagnostician

Other Certification/Licensure Sought: ________________________________

Name: ___________________________ Date: __________________________

Current Campus: ___________________________ Current Position: ___________________________

Address: ___________________________ City: ___________________________

Phone: ___________________________ Email: ___________________________

University: ___________________________ Name of Internship Program: ___________________________

Program Supervisor: ___________________________ Phone: ___________ Email: ___________________________

Briefly Describe & Attach Program Requirements:

_________________________________________________________________________________________________

Campus Requested: ___________________________ Total Hours Required: _____ Total Number of Weeks: _______

Requested Start Date: ___________________________ Anticipated End Date: ___________________________

Resume’ Attached: Yes_____  No_____

Agree to Follow GCCISD Administrative/Professional Internship Instructions and Expectations: Yes: ______ No: ______

Internship Agreement: (Counselors Only)

I ____________________________________________, understand that as a counselor intern, I must: maintain confidentiality, professionalism, report to CPS any student who may express harm to himself/others, have a counselor mentor present for all individual and group sessions, not conduct outside counseling representing self as a Goose Creek CISD employee, and not prescribe medication, or give formal medical diagnosis or remediation.

Signature of Intern ___________________________ Date of Request ___________________________

Signature of Program Director ___________________________ Date Approved ___________________________

For Internal Use Only:

GC Personnel Notified: [ ]

Director [ ] Principal [ ]

Liability Insurance: [ ]

GC Identification Badge: [ ]

Assignment: ___________________________

Campus: ___________________________

Mentor/Supervisor: ___________________________

Approved: Yes: _____  No: _____

Assistant Superintendent ___________________________ Date: ___________________________