



Instructions and Expectations

Instructions for Goose Creek CISD **in-district only** administrative/ professional interns (non-Goose Creek CISD employee requests will be considered on a case-by-case basis):

- Complete the request form and submit it along with program requirements and proof of liability insurance (if required) to the office of the Assistant Superintendent for Human Resources.
- If you are not a current GCCISD employee, a national fingerprint-based background check will be completed before starting your internship/practicum (after approval is granted).
- It may take up to 10 working days for your request to be processed.
- Contact the Human Resources Department at **281-707-3539** if you have any questions.

Guidelines

- Internships/Practicums cannot begin until final approval is given by the HR Department.
- A Goose Creek ID badge/Visitor tag must be worn at all times.
- All school and district policies/procedures must be observed.
- Internship/Practicums will not be approved at any campus where the intern's child is currently enrolled.
- 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.
- 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.
- 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.
- Requests for videotaping **will not** be permitted.
- Counselor practicum/internship applicants must attach proof of professional liability insurance effective during the start/end dates of the practicum/internship.
- Applicants must attach a resume.
- The campus administrator and HR have the authority to deny or discontinue requests for internship/practicum.
- Internship/practicum activities/hours should occur outside of instructional time.

License Professional Hours for LPCs

- Individuals seeking LPC hours must request permission from the Deputy Superintendent of C&I and the Director of 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.)



Internship Type: ☐ Counselor ☐ Principal
☐ Educational Diagnostician ☐ Superintendent
☐ Other: _____

Name: _____ Date: _____

Address/City/State/Zip: _____

Phone: _____ Email: _____

Current Campus(if applicable): _____ Current Position(if applicable): _____

University: _____ Name of Internship Program: _____

Program Supervisor: _____ Phone: _____ Email: _____

Briefly Describe Program & Attach Requirements:

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

Requested Start Date: _____ Anticipated End Date: _____

I _____, have been informed and agree to abide by all Goose Creek CISD internship/practicum guidelines and I understand that I must maintain confidentiality, and professionalism at all times. I will report to CPS any student who may express harm to himself/others and if I am a counseling internship/practicum student, I will have a mentor present for all individual and group sessions, not conduct outside counseling representing myself as a Goose Creek CISD employee, and not prescribe medication, or give formal medical diagnosis or remediation.

Signature of Intern

Date

For Internal Use Only

Program Requirements attached ☐ Proof of Liability Insurance attached (counselors only) ☐ Resume

To be completed by department/program:

☐ Approved Mentor/Site Supervisor: _____ Campus: _____

☐ Campus principal notified (if approved)

☐ Denied (Reason: _____)

Date _____

Signature of GCCISD Program Director/Designee

Human Resources:

☐ Approved ☐ Denied (Reason: _____)

Date _____

Signature of Assistant Superintendent for Human Resources