

Indiana State University
Bayh College of Education
Department of Educational Leadership

Central Office Internship Application

I am applying for the Central Office Internship Program for Summer _____

Date _____

Name _____

Address _____ City _____ State ____ Zip _____

Phone: Home _____ Cell _____ School _____

Email Address _____

School District _____ City _____ County _____

School Building Name _____

School Address _____ City _____ State ____ Zip _____

<i>Universities Attended</i>	<i>Dates</i>	<i>Degrees Earned</i>

Administrative/Teaching Experience

<i>District</i>	<i>Dates</i>	<i>Duties/Assignments</i>

Which principal's licensure do you hold? Secondary _____ Elementary _____ K-12 _____

Internship

District in which you will intern _____

Name of district supervisor _____ Title _____

Have arrangements been made to schedule time for completing the internship this summer? _____

Mail or email application to: Dr. Terry McDaniel, Program Coordinator
Department of Educational Leadership
Indiana State University
Bayh College of Education, Room UH 211G
Terre Haute, IN 47809
tmcdaniel@indstate.edu

**Indiana State University
Bayh College of Education
Department of Educational Leadership**

Superintendent's Authorization Form

Intern Candidate _____

School District _____

The above named individual has applied to complete the Superintendent/District-Level Administrative Internship at Indiana State University. Our desire is to produce the educators with the greatest potential for educational leadership at the district level, so we ask you to carefully evaluate the candidate.

Please circle the number that best indicates your judgment of the applicant.

	Very Poor	Poor	Fair	Good	Very Good
Takes the initiative	1	2	3	4	5
Is innovative and creative	1	2	3	4	5
Is sensitive to the needs of others	1	2	3	4	5
Assumes responsibilities	1	2	3	4	5
Works well with others	1	2	3	4	5
Demonstrates leadership ability	1	2	3	4	5
Shows tact	1	2	3	4	5
Has a positive growth mindset	1	2	3	4	5
Can organize plans and people	1	2	3	4	5
Completes tasks that are started	1	2	3	4	5
Visionary	1	2	3	4	5
Communication skills	1	2	3	4	5

On a scale below circle the number that best represents your total impressions on the applicant with respect to his/her potential to succeed as a superintendent/district-level leader.

(LOW) 1 2 3 4 5 6 7 8 9 10 (HIGH)

1. The intern will be responsible for 120 hours of district-level experience (60 hours if serving as an intern of the Director of Exceptional Needs program). This includes any activity related to district level responsibilities.
2. The intern will be completing activities connected to each of the Indiana district-level standards for administrators.
3. The intern will be responsible for coordinating with you, a long-term project that is valuable to the district as well as to the intern. This project will be mutually agreeable with you and the intern. The intern and you as the field supervisor will complete the internship evaluation form (available in the syllabus for EDLR 790/792). The assessment will rate the intern's performance in each of the Educational Leadership Constituencies Council (ELCC) standards.
4. The intern will be responsible for submitting all assignments (listed above) to the university supervisor.

Your signature indicates agreement to authorize the applicant to intern with you at your school district and your willingness to participate in this experience.

Date _____ Signature _____ Title _____