WELLS-OGUNQUIT C.S.D.
INTERNSHIP/STUDENT TEACHING GUIDELINES

• Sending institution (i.e. college/university) must send a letter/e-mail to school administration indicating their request to have an intern conduct an internship at their school with specific dates and times. This written request for placement which includes duration, requirements and program description must be provided to school administration two months prior to beginning internship.

• A WOCSD confidentiality agreement must be completed by the intern prior to beginning their internship at any school in the district.

• A description regarding the nature of supervision, contact information of supervisor and the frequency of supervision must be provided to school administrators prior to intern beginning the internship.

• Current Maine CRHC card (Criminal History Records Check) must accompany the request.

Revised November 2012
WELLS-OGUNQUIT INTERN/STUDENT TEACHER REQUEST FORM

NOTE: All requests must be submitted to WOCSD school building administration two months prior to internship. Intern and Intern Supervisor must schedule a meeting with building administration two months prior to possible internship to discuss internship, requirements and placement.

Name of Intern: __________________________________________________________

Address: __________________________________________________________________

Telephone: ___________________________ E-Mail Address: ___________________________

University/College: ___________________________________________________________

Date of Internship Request: ___________________________________________________________________

Type of Internship Requested: ___________________________________________________________

Please indicate specific dates and days of the week internship is requested:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Have you had a Maine criminal background check? ** YES ________ NO ________

**Copy of current CHRC must accompany request

For the purpose of obtaining a background check, please provide the following information:

Date of Birth: ____________________________________________

Other names used (maiden, aliases, etc.): ________________________________

Receiving Building Administrator: ___________________________ Date: ________________
Internship Supervisor Information:

Name (please print): _______________________________________________________________________

Telephone: ___________________________ E-Mail Address: ________________________________

Have university/college internship materials been forwarded to WOCSD building administration? (This information must be forwarded to building administration prior to considering internship request.)

YES ________ NO ________ If so, when? __________________________________________

Date WOCSD confidentiality agreement received: ________________________________

Date Criminal History Record Check received: ________________________________

Date Background Check received: _________________________________________

Internship Approval:

YES ________ NO ________ Date: ________________________________

Intern assigned to the following teacher: ____________________________________________

Intern Signature __________________________ Date ____________________________

Intern Supervisor Signature __________________________ Date ____________________________

Building Administrator Signature __________________________ Date ____________________________

Superintendent’s Signature __________________________ Date ____________________________
Student Privacy and Volunteer Confidentiality

Students in the Wells-Ogunquit Community School District have the right to expect that information about them will be kept confidential. Additionally, the U.S. Congress has addressed the privacy-related concerns of educators, parents, and students by enacting the Family Educational Rights and Privacy Act (known more commonly as “FERPA” or the “Buckley Amendment”). Among other provisions, FERPA allows the government to withdraw federal funds from any educational institution, including the Wells Ogunquit C.S.D., which disseminates a student’s educational records without his or her parent’s consent.

- Each student with whom you work has the right to expect that nothing that happens to or about him/her will be repeated to anyone other than authorized school department employees, as designated by the administrators at your school. Even when discussing a student with those who are directly involved in a student’s education, such as a teacher, principal, or guidance counselor, you may not share otherwise confidential information with them unless it is relevant to the student’s educational growth, safety, or well-being.
- You may not share information about a student even with others who are genuinely interested in the student’s welfare, such as social workers, scout leaders, clergy, or nurses/physicians (a grave medical emergency, in which confidential information may be necessary for a student’s care, is the only exception). Thus, you must refer all such questions to the school employees so authorized and indicated to you, typically the student’s teacher or principal.
- Parents, friends, or community members may in good faith ask you questions about a student’s problems or progress. Again, you must refer all such questions to the authorized school employees. You may not share information- positive or negative- about a student even with members of your own family or the student’s family.
- Before you speak, always remember that violating a student’s confidentiality isn’t just impolite, it’s against the law!

Agreement

I, (print name) ______________________________________________, agree never to disclose information about a student’s records or progress to anyone other than an authorized school department employee. I will refer all requests for such information from those not directly involved in the student’s education to authorized school district employees. I understand that if I breach confidentiality, I will lose my privilege to complete my internship in the Wells-Ogunquit Community School District.

________________________________________________________________________     ____________
Intern Signature                                            Date