***ISU EDLR INTERNSHIP APPLICATION***

**Applicant (Full Name):**      Home Phone #:

Street Address:

City:       State:       Zip:

Email address:       Student I.D. (991#):

Fall Semester 20

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**Employer** (District / School)**:**      /

Position:       Business Phone #:

**Place of Internship** (District / School)**:**       /

School Location:       (School Phone #):

**Name of Cooperating Administrator:**

Title:       Phone:

E-mail address:       Address:

**Signature of host school Superintendent as acknowledgement of this internship:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Telephone: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Statement of Commitment:**

**Intern**: I will abide by the internship rules set by the University and the school district. I will complete all requirements for the internship, which have been agreed to with both my cooperating administrator and ISU faculty supervisor.

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 Signature of Intern Date

**Supervising Administrators:** We agree to provide the experiences, which have been identified in the Internship Proposal, and to provide technical administrative guidance as required. We will evaluate the performance of the intern upon completion of the internship.

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Signature of Cooperating Administrator Date

**Please return this completed application along with three recommendations from persons who can attest to your character, personality, teaching performance, and potential administrative ability using the evaluation form found in this application and mail directly to Bobbie Jo Monahan at** [**BobbieJo.Monahan@indstate.edu**](http://coe.indstate.edu/EDLR/docs/BobbieJo.Monahan%40indstate.edu)

*Indiana State University*

*Educational Leadership*

**Administrative Ability Evaluation**

**Waiver of Access**: The Family Educational Rights and Privacy Act of 1974 permits the individual requesting this

reference to sign a waiver relinquishing the right to inspect letters of recommendation. The person’s signature

Below constitutes such a waiver; the lack of a signature implies that the person for whom this reference is being

Written shall have the right to read this reference.

 Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Form Completion:** Your Name has been given as a reference by the person whose name appears on this sheet. Please note the option selected in the above access statement. **Please return this form directly to Administrative Placement in the envelope provided. (Bayh College of Education, Rm 211G, Indiana State University, Terre Haute, IN 47809)**

Print Name of Candidate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments:

(***Confidential Ratings:* 1**-Outstanding,  **2**-Good,  **3**-Needs Improvement, **4**-No Data Available)

Please check one rating for each category:

 **1** **2 3 4 1 2 3 4**

Personal Appearance [ ] [ ] [ ] [ ]  Knowledge of School Law [ ] [ ] [ ] [ ]

Judgment [ ] [ ] [ ] [ ]  Knowledge of Buildings and Grounds [ ] [ ] [ ] [ ]

Dependability [ ] [ ] [ ] [ ]  Knowledge of Supervisory Methods [ ] [ ] [ ] [ ]

Resourcefulness [ ] [ ] [ ] [ ]  Administers Democratically [ ] [ ] [ ] [ ]

Self Control and Poise [ ] [ ] [ ] [ ]  Delegates Responsibility [ ] [ ] [ ] [ ]

School Morale [ ] [ ] [ ] [ ]  Develops and Maintains Sound Policies [ ] [ ] [ ] [ ]

Inspires Others [ ] [ ] [ ] [ ]  Educates, Leads, and Informs Public [ ] [ ] [ ] [ ]

Community Interest,

Leadership, and Participation [ ] [ ] [ ] [ ]  Business Management [ ] [ ] [ ] [ ]

Professional Ethics [ ] [ ] [ ] [ ]  Selection of Personnel [ ] [ ] [ ] [ ]

Professional Interest [ ] [ ] [ ] [ ]  Organizational Ability [ ] [ ] [ ] [ ]

Educational Philosophy [ ] [ ] [ ] [ ]  Curriculum Development [ ] [ ] [ ] [ ]

Speaks Effectively in Public [ ] [ ] [ ] [ ]  Management-Extra Curricular Program [ ] [ ] [ ] [ ]

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Printed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Administrative Ability Evaluation**