

Intern Participant Form (FKA Consent Form), 2010-2011

The Intern Program is a state-funded program of support and preparation for public school teachers to earn a teaching credential. By completing this participant form, you will join your local Intern program.

It is important to collect information on new public school teachers as we work to address the teacher shortage, provide support for new teachers, and promote teacher retention. The California Information Practices Act and the Federal Privacy Act provide that agencies requesting information indicate the principal purposes for which that information is used. Information gathered on this consent form will be used to determine funding for your Intern program.

I agree to participate in the Intern Program during the 2010-2011 school year.

County Name _____

School District _____

School Name _____

Intern Program North Coast Beginning Teacher Program

Type of Intern Program: MS SS Sp Ed

In which teacher preparation program are you enrolled (University)?

Please Print:
1. First Name _____

Last name _____

Email address: _____

2. What is your gender? Male Female

What is your birth date? ____/____/____

3. Is this your first, second or third year in the Intern Program? 1st year 2nd year 3rd year

When do you estimate that you will complete your intern program? _____ / _____ Year
Month

4. For the year immediately preceding entering the internship credential program, please indicate which **one** of the following career categories best defines your experience:

- Military (Armed Forces)
- Technical & Scientific Industries (such as engineering)
- Social Services (such as health related, government)
- Other business or industry (such as sales, legal, clerical, manufacturing)
- College/University (recent graduates)
- Paraprofessionals (such as classroom aides)
- Provisional/Emergency/Substitute Permit Holders
- Other Teaching
- Other _____
(list job)

5. What is your ethnicity?

- African American or Black
- Asian American/Asian/Indian (such as Chinese, Japanese)
- Latino, Latin American, Puerto Rican, Mexican American, Chicano or other Hispanic
- SE Asian American/SE Asian (such as Cambodian, Hmong)
- Pacific Islander, Filipino
- Caucasian (non-Hispanic)
- Native American/Alaskan Native
- Other _____

6. When and where did you receive your undergraduate degree? **Year graduated college** _____

- In California** **Outside California**
 o UC Which State? _____
 o CSU Or Country? _____
 o Private Institution



Please indicate campus _____

7. Please indicate the **credential** you are working toward:

- Multiple Subject
- Single Subject (Mark all that apply)
- Agriculture
 - Art
 - Business
 - English
 - Languages other than English
 - Health Science
 - Home Economics
 - Industrial & Technology Education
 - Mathematics
 - Music
 - Physical Education/Dance
 - Science (Biological, Chemistry, Physics and Geo Sciences)
 - Social Science (History, Economics, Government, other)
- Education Specialist
- Mild Moderate
 - Moderate Severe
 - Deaf/Hard of Hearing
 - Visually Impaired
 - Physical Health Impairments
 - Early childhood
 - Other _____

8. What grade level(s) do you teach this year? (Mark all that apply).

- Pre K K 1 2 3 4 5
 6 7 8 9 10 11 12

9. What **subject(s)** are you assigned to teach this year?
(Mark all that apply—select the options that **best** describe your assignment)

- Multiple Subject
- Elementary, self contained
 - Middle School Core
 - High School
- Single Subject (Mark all that apply)
- English (e.g., writing, literature, journalism, yearbook, drama, speech)
 - Mathematics (e.g., general, algebra, geometry, statistics, trig, calculus)
 - Science (e.g., general, biology, chemistry, physics and geology)
 - Social Science (e.g., history, economics, government, geography, civics)
 - Physical Education & Dance
 - Languages other than English
 - Art
 - Music
 - Agriculture
 - Business (e.g., computers, data processing, business law, bookkeeping)
 - Health
 - Home Economics
 - Industrial Arts/ROP
 - AVID, or other similar assignment
- Education Specialist
- RSP (e.g., Collaborative, push in/pull out)
 - SDC
 - Itinerant
 - Transition
 - Assistive Technology
 - ECSE

10. What is your Social Security Number? - - -
(required to track the Intern Program/s funding) _____

11. Last Name (to match to page 1): _____

Please return this form to your County Coordinator