Special Education Internship or Practicum Placement Application for JCISD

Please note this is an application to indicate your interest in pursuing an internship or practicum placement with Jackson County Intermediate School District Special Education Programs and Services. Placements are made available based upon the willingness and availability of qualified staff to supervise students. Placements require the written approval of JCISD Director or Assistant Director of Special Education. Once completed please email to:

John Sougstad, Ph.D., Assistant Director of Special Education (john.sougstad@jcisd.org)

1.) Name of Student: ___________________________________________ Date: ______________________

2.) Student’s telephone number: ____________________________________________________________

3.) Student’s academic institution E-mail address: ____________________________________________

4.) Name of academic institution and department: ____________________________________________

5.) Course name and number corresponding to placement: ______________________________________

6.) Name, phone number and email address of faculty member supervising student placement:
   ______________________________________________________________________________________

7.) Minimum qualifications required for JCISD field placement supervisor:
   ______________________________________________________________________________________

8.) Dates for Desired Placement: _______________________________ to __________________________

9.) Total number of hours to be completed within aforementioned dates: __________________________

10.) Specific activities you will be required to complete during field placement (attach course syllabus):
   ______________________________________________________________________________________
   ______________________________________________________________________________________

11.) Specific duties required for JCISD field supervisor (e.g. number of hours direct meetings, etc,..):
   ______________________________________________________________________________________
   ______________________________________________________________________________________

12.) Other pertinent information considered for this application:
   ______________________________________________________________________________________
   ______________________________________________________________________________________

Thank you for your interest in Jackson County Intermediate School District!

For Internal Office Use, Do Not Complete:

JCISD Staff Person Agreeing to Serve as Field Supervisor: ________________________________ __________

Director Approval Signature: ___________________________________________________________ Date: ______________________