



Application for Practicum/Internship/Observation

Lynn Public Schools
100 Bennett Street, Lynn, MA 01905
phone: 781.593.1680 fax: 781.477.7312
humanresources@lynnschools.org

<input type="checkbox"/> Observation	<i>Please Check</i>	<input type="checkbox"/> Pre-Practicum
<input type="checkbox"/> Internship		<input type="checkbox"/> Practicum
<input type="checkbox"/> CORI	<i>For Office Use Only</i>	<input type="checkbox"/> Fingerprinting

1. Please complete this form to request a placement in the Lynn Public Schools.
2. Applicant should complete section 1 and 2.
3. The College/University Supervisor should complete section 3.
4. Form may be mailed or emailed to Lynn Public Schools: Human Resources, 100 Bennett Street, Lynn, MA 01905. FAX: 781-477-7312 (email: humanresources@lynnschools.org)
5. **Submission of form does not constitute approval. The College/University and applicant will be notified of approval/denial.**
6. Upon completion of the practicum/internship/observation, Supervising Teacher must sign in section 5 and return to Human Resources.

Section 1: STUDENT INFORMATION

Name		Date	
Home Address		Telephone	
College/ University		Graduation Date	
Major		Email Address	
Licensure Desired		Level	

Fingerprinting and Criminal Background Check (CORI) must be completed before starting the assignment. (Applicants doing observations only need a CORI). Specific fingerprinting instructions can be found at: www.lynnschools.org/humanresources/practicuminternship.

Section 2: PLACEMENT REQUEST / PREFERENCE

Start Date		End Date				
School Preference		Setting Preference				
<i>Please Circle</i>						
Days on Site	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	TOTAL:
Time on Site						TOTAL:

Section 3: COLLEGE / UNIVERSITY INFORMATION

Supervisor		Title	
Department		Address	
Email		Telephone	
Signature			

If there is no college/university affiliation, the superintendent's approval is required prior to beginning the internship.

Section 4: PLACEMENT (Completed by Human Resource)

Start Date		Committee Approval	
LPS Placement		School Address	
Grade/Content		School Telephone	
Principal		Supervising Practitioner	

Section 5: COMPLETION OF STUDENT TEACHING (Completed by Human Resource)

Actual Completion Date			
Supervising Practitioner Signature		Date	
Human Resources Signature		Date	