



**Application for**  
**Pre-Practicum/Practicum/Internship**  
**LPS Employees**  
 Lynn Public Schools  
 100 Bennett Street, Lynn, MA 01905  
 phone: 781.593.1680 fax: 781.477.7312  
 humanresources@lynnschools.org

*Please Check*

Pre-Practicum       Internship  
 Practicum                      Hours Needed \_\_\_\_\_

1. LPS Employees - Please complete this form to request a pre-practicum/practicum/internship in the Lynn Public Schools.
2. Applicant should complete section 1 and 2.
3. For a **practicum**, 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.  
(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, Supervising Practitioner must sign in section 5 and return to Human Resources.

**Section 1: STUDENT INFORMATION**

Name		Date	
Home Address		Telephone	
Current Position		LPS School Location	
College/ University		Graduation Date	
Major		Email Address	
Current License		License Number	

**Section 2: REQUEST FOR PRE-PRACTICUM/PRACTICUM/INTERNSHIP**

Start Date		End Date	
School		Setting Preference	
Principal Signature		Hours Required	
Proposed Time	<input type="checkbox"/> Before School <input type="checkbox"/> After School <input type="checkbox"/> Lunch <input type="checkbox"/> Admin <input type="checkbox"/> Other: _____		
Supervising Practitioner			

**Section 3: COLLEGE / UNIVERSITY INFORMATION**

Supervisor		Title	
Department		Address	
Email		Telephone	
Signature			

**Section 4: PLACEMENT (Completed by Human Resource)**

Start Date		Committee Approval	
LPS Placement		Grade/Content/Area	
Principal		Date	

**Section 5: COMPLETION OF PRACTICUM (Completed by Human Resource)**

Actual Completion Date	
Supervising Practitioner Signature	Date
Human Resource Signature	Date