Internship Plan Approval Form

Signatures attached to this form indicate that all parties have been active participants in the creation and development of the Internship Plan. As the internship experience evolves, it is encouraged and understood that activities can be added to the initial plan that are deemed relevant and approved by the Lead Mentor. All attached pages to this form represent the initial plan, which the intern will follow and will be expected to develop artifacts (work products) that will demonstrate proficiencies as they relate to Iowa Standards for School Leaders (ISSL) and the Educational Leadership Mission: Leaders of Learning, Service and Change.

The signature of the district/agency official indicates that the organization is giving permission to the intern to conduct this internship within the organization structure under the supervision of the intern’s Lead Mentor and University Internship Professor. Termination of this agreement between the school district and the university shall be done in writing.

Approved By:

Name of Internship School District/Agency ________________________________ Date __________

Intern Signature ___________________________ Date __________ Print Name ______________

Lead Mentor Signature ______________________ Date __________ Print Name ______________

Internship Professor _______________________ Date __________ Print Name ______________

After all signatures have been acquired, student is to upload this completed form on the Ed Leadership Superintendency System on MyUNIverse.