

# ***ISU EDLR INTERNSHIP APPLICATION***

**Applicant (Full Name):** \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_ Student I.D. (991#): \_\_\_\_\_

Fall Semester 20\_\_\_\_\_

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**Employer (District / School):** \_\_\_\_\_ / \_\_\_\_\_

Position: \_\_\_\_\_ Business Phone #: \_\_\_\_\_

**Place of Internship (District / School):** \_\_\_\_\_ / \_\_\_\_\_

School Location: \_\_\_\_\_ (School Phone #): \_\_\_\_\_

**Name of Cooperating Administrator:** \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Address: \_\_\_\_\_

**Signature of host school Superintendent as acknowledgement of this internship:**

\_\_\_\_\_  
Telephone: \_\_\_\_\_

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**Statement of Commitment:**

**Intern:** I will abide by the internship rules set by the University and the school district. I will complete all requirements for the internship, which have been agreed to with both my cooperating administrator and ISU faculty supervisor.

\_\_\_\_\_  
Signature of Intern

\_\_\_\_\_  
Date

**Supervising Administrators:** We agree to provide the experiences, which have been identified in the Internship Proposal, and to provide technical administrative guidance as required. We will evaluate the performance of the intern upon completion of the internship.

\_\_\_\_\_  
Signature of Cooperating Administrator

\_\_\_\_\_  
Date

**Please return this completed application along with three recommendations from persons who can attest to your character, personality, teaching performance, and potential administrative ability using the evaluation form found in this application and mail directly to Bobbie Jo Monahan at [BobbieJo.Monahan@indstate.edu](mailto:BobbieJo.Monahan@indstate.edu)**

*Indiana State University*  
*Educational Leadership*  
**Administrative Ability Evaluation**

**Waiver of Access:** The Family Educational Rights and Privacy Act of 1974 permits the individual requesting this reference to sign a waiver relinquishing the right to inspect letters of recommendation. The person's signature Below constitutes such a waiver; the lack of a signature implies that the person for whom this reference is being Written shall have the right to read this reference.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**Form Completion:** Your Name has been given as a reference by the person whose name appears on this sheet. Please note the option selected in the above access statement. **Please email this form to Bobbie Jo Monahan at [BobbieJo.Monahan@indstate.edu](mailto:BobbieJo.Monahan@indstate.edu) or make inquiries to Dr. Monahan.**

Print Name of Candidate \_\_\_\_\_

Comments:

**(Confidential Ratings: 1-Outstanding, 2-Good, 3-Needs Improvement, 4-No Data Available)**  
 Please check one rating for each category:

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Personal Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Knowledge of School Law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Knowledge of Buildings and Grounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Knowledge of Supervisory Methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resourcefulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Administers Democratically	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self Control and Poise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Delegates Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Morale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Develops and Maintains Sound Policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspires Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Educates, Leads, and Informs Public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Interest, Leadership, and Participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Business Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Ethics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Selection of Personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Organizational Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational Philosophy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Curriculum Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaks Effectively in Public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management-Extra Curricular Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signed \_\_\_\_\_ Printed \_\_\_\_\_

Position \_\_\_\_\_ Date \_\_\_\_\_

**Administrative Ability Evaluation**