



Application for Internship

School Psychology

Jonathan Chasin, Supervisor

After you complete this form, email it to nhart@pasco.k12.fl.us

Date Completed:

Applicant

Name:

Street Address:

City:

State:

Zip Code:

Home Phone:

Cell Phone:

SS#:

Email:

Education

Graduate School:

NASP Accredited: Yes No

APA Accredited: Yes No

Degree Seeking: Ed.S Ph.D

Major Professor:

Phone:

Practicum Experience

Not Applicable

District Name:

School:

Street Address:

City:

State: NY Zip Code:

Supervisor:

Phone: () -

Areas of Expertise

- | | | | |
|---|--|------------------------------------|---|
| <input type="checkbox"/> Problem Solving/RtI | <input type="checkbox"/> Elementary | <input type="checkbox"/> Secondary | <input type="checkbox"/> Alternative School |
| <input type="checkbox"/> Standardized Testing | <input type="checkbox"/> CHC Model | <input type="checkbox"/> CBM/CBA | <input type="checkbox"/> DIBELS |
| <input type="checkbox"/> Early Literacy | <input type="checkbox"/> Reading/Writing | | <input type="checkbox"/> Mathematics |
| <input type="checkbox"/> Developmental Disabilities | <input type="checkbox"/> Autism Spectrum Disorders | | <input type="checkbox"/> ADHD |
| <input type="checkbox"/> Pre-Kindergarten | <input type="checkbox"/> Response to Intervention | | <input type="checkbox"/> Consultation |
| <input type="checkbox"/> General Technology | <input type="checkbox"/> Presentations/Trainings | | <input type="checkbox"/> Report Writing |
| <input type="checkbox"/> Graphing | <input type="checkbox"/> Functional Behavioral Assessments/Interventions | | |
| <input type="checkbox"/> Counseling/Therapy | <input type="checkbox"/> Low-Incidence Populations (MH, DHH, VI, PI) | | |
| <input type="checkbox"/> Other: _____ | | | |

Do you speak a language other than English? No Yes:

Areas of Interest (list your top three)

- 1.
- 2.
- 3.

Other Relevant Information

Electronic Signature By providing my name below, I certify that all the above information is correct.

Signature

Date

Date Application Received:

For Office Use Only

Interview Date:

Time: