SAN DIEGO STATE UNIVERSITY — COLLEGE OF EDUCATION

INTERN SUPPORT PROVIDER VERIFICATION FORM

To Be Completed by the Employing Agency, School District, or Charter School Administrator

1. University Intern Information

Name of Intern Candidate (First, Middle, Last):

Last 4 digits of SSN:

SDSU Student ID #:

2. Internship Site / Employing Agency

Name of District / Local Educational Agency (LEA):

County-District-School (CDS) Code:

Name of Assigned School Site:

Principal / Administrator Name:

School Street Address, City, Zip Code:

School Telephone Number:

3. Type of Internship Assignment & Program Details

Official Title of Intern Position:

E.g., Intern Teacher, Special Education Intern Specialist

Initial Service Date (mm/dd/yyyy):

First day under intern credential

Credential Area & Specialty Track (Select all that apply and provide full details):

☐ **Multiple Subject Credential** — Self-Contained Elementary Classroom (Grades K–8)

☐ **Bilingual Authorization Target Language:**

☐ **Single Subject Credential** — Departmentalized Secondary Subject

☐ **Bilingual Authorization Target Language:**

Specific Teaching Assignment & Subject(s) Taught:

Specify grade level(s), subject matter, or classroom environment (e.g., 4th Grade General Ed, 9–12 Biology, Mild/Moderate SDC).

☐ **Education Specialist (Special Education Credential)**:

Specified Specialty Area:

E.g., Mild/Moderate Support Needs (MMSN), Extensive Support Needs (ESN), Early Childhood Special Education (ECSE).

4. District Support Provider Qualifications & Verification

Prior to the first date of the assignment, the employing school or agency must assign a qualified district support provider to mentor and guide the intern candidate.

Mandatory Qualifications — Please verify and check each requirement below:

☐	**Credential Requirement:** Holds a valid, corresponding Clear or Life Credential in the same credential area as the Intern Candidate.
☐	**Experience Requirement:** Minimum of 3 years of successful, full-time teaching experience in the same credential area.
☐	**English Learner Authorization:** Holds a valid English Learners Authorization (e.g., CLAD, BCLAD, or embedded authorization).
☐	**Agency Agreement (per fully executed Internship MOU):** The employing agency **shall provide a minimum of 5 hours of support**, mentoring, and supervision every 5 instructional days, maintain records verifying support/mentoring for each Intern, and make records available upon request of the University or accrediting agency.

5. Support Provider Information & Administrative Sign-Off

Assigned Support Provider Name:	**Direct Telephone Number:**
Support Provider Email Address:	**Current Official Position / Title:**
Clear Credential Title Held:	**California Credential Document #:**
Approved by HR / District Admin (Print Name):	**Administrator Title:**
Employing Agency / District Name:	**Administrator Phone / Email Contact:**

Signature of Employer or Authorized District Designee:	**Date (mm/dd/yyyy):**