



IN-SERVICE POINTS REQUEST: INTERNS

To be completed by the teacher:

Teacher Name:	School:
Name of Intern:	College or University:
Dates of Internship:	Please attach: <input type="checkbox"/> Documentation of internship assignment (<i>Ex: a letter from the college or university</i>)
Briefly describe the internship experience:	

Once completed, please submit to the Staff Development office for review.

To be completed by the Staff Development Supervisor:

I have reviewed the internship documentation submitted to the Staff Development office.

- _____ in-service points have been awarded for this activity.
- This activity aligns with the following component number: _____.

This request for in-service points has been approved.

Staff Development Supervisor

Date