



# District Approval Form

Eastern Washington University School of Education

**To** District Superintendent (or Official Designee) School of Education,

**From** Career and Technical Education

**Date** \_\_\_\_\_

**Subject** Career & Technical Education Plan 2: Business and Industry Route Initial Certificate Internship

**Applicant Name** \_\_\_\_\_ **School Year** \_\_\_\_\_

The applicant listed above is completing the requirements for a WA State Career and Technical Education Plan 2: Business & Industry Route Initial Certificate and is eligible to complete the practicum/internship during the school year listed above. Your approval and collaboration for the completion of the internship in compliance with, WAC 181-78A-125, includes the following:

1. Appointment of a qualified career and technical education teacher ( CTE Director, Principal, or CTE Teacher with at least three years of CTE Teaching) whose signature appears below.
2. Your ability to facilitate a total of 60 hours.
3. Access to activities and experiences deemed essential according to the standards and competencies outlined by PESB, OSPI and WACTA, the university supervisor, and EWU's Career and Technical Education Administrator PEAB.

**Not Recommended      Recommended with Reservation      Recommended      Highly Recommended**

The Mentor, with **at least three years' experience** as a certificated CTE teacher appointed by the Superintendent is:

**Print Name** \_\_\_\_\_

**I attest that I have a minimum of three years experience as a certificated CTE teacher, CTE Director, or Principal.**

**I hold a CTE Initial, CTE Renewal, or Administrator certificate.**

**Certificate Number** \_\_\_\_\_ **State** \_\_\_\_\_

**Signature of Mentor** \_\_\_\_\_ **Date** \_\_\_\_\_

This form must be signed/approved by one of the following: District Superintendent, District Assistant Superintendent, or Central Office Administrator in a public or private school setting.

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