



District Approval Form

Eastern Washington University School of Education

To District Superintendent (or Official Designee)
From School of Education, Graduate Programs
Date _____
Subject Career & Technical Education Administrator Internship

Applicant Name _____ **School Year** _____

The applicant listed above is completing the requirements for a Residency Career and Technical Education Administrator Certificate and is eligible to complete the 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 administrator (whose signature appears below).
2. Your ability to facilitate a total of 200 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 Director, appointed by the Superintendent is:

Print Name _____

I attest that I have a minimum of three years experience as a certificated CTE Director.

I hold a CTE Director 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** _____