



WILSON SCHOOL DISTRICT

HONORS STUDENT INSTRUCTIONAL AID
PROGRAM APPLICATION



Student's Name _____ Student's Cell# _____

What is your career objective?

Birth Date(MM/DD/YY) _____ School Counselor Name: _____

Address: _____

City, State, Zip: _____

Student School email: _____

How do you plan to get to your field site? _____

Students are responsible for providing their own transportation to SIA field site placements. Students may walk to Whitfield if desired.

If you are driving yourself, please provide the following information:

Driver License # _____ or license test date _____

What grade level and/or subject would you like to be placed in? _____

In most cases, students are responsible for contacting a potential field site teacher to arrange placement for the program.

Which teacher would you like to work with (First and Last Name)? _____

Which building does this teacher work in? _____

Parent/Guardian Name #1 _____

Phone: Home _____ Work _____ Cell _____

E-Mail (Home or Work) _____

May we contact you at work? _____ Yes _____ No

Parent/Guardian Name #2 _____

Phone: Home _____ Work _____ Cell _____

E-Mail (Home or Work) _____

May we contact you at work? _____ Yes _____ No

_____ Date: _____

Student's Name (Printed)

_____ Date: _____

Student's Signature

_____ Date: _____

Parent's Signature



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STUDENT AGREEMENT

I agree to adhere to the following responsibilities while participating in the SIA program:

Attendance:

- I must be punctual for SIA and school and must attend when scheduled. I understand that excessive absenteeism is 3 days a marking period. Furthermore, any absences in excess of 20% of the school days will result in withdrawal from the program.
- I will sign in and sign out on a timesheet provided by my field site teacher. Failure to sign the time sheet, FOR ANY REASON, will result in a detention for not following proper procedure.
- I agree to notify my field site teacher as soon as I know that I will be absent from school for any reason. I should also email my SIA Coordinator and the high school office by 8:00 am.
- I fully understand that if I am absent from school in the morning, I may not report to my field site placement in the afternoon or vice versa
- I understand that if I am going to be excused from my field site assignment due shortened class periods, assemblies, clubs, early dismissal, etc., I will notify my field site teacher and the SIA coordinator.
- I understand that if I am suddenly ill during the school day, I will obtain permission from the High School Nurse to be excused from my school assignment and I will call the field site teacher.
- I fully understand the consequences if I cut internship or school, fail to call my mentor in the event of an absence, or don't sign in/out every day. These violations will result in a discipline referral with the high school office.

Other program responsibilities:

- I understand that I must sign out daily and leave the school grounds immediately upon my dismissal.
- I must carry out my Instructional Assistant tasks in such a manner that I will reflect positively upon the SIA program and myself.
- I understand that I must provide transportation to and from my field site placement.

I will read my school email regularly and check Google Classroom as this is how the SIA Coordinator will communicate with me. I will be responsible for any information communicated through these means.

I agree to abide by Wilson School District rules as well as the field site guidelines for behavior. For example, I will **not** chew gum in the elementary school building.

I agree to seek and accept constructive criticism and suggestions from my field site teacher(s).

I agree to follow **all** safety and sanitation protocols instituted by the district for my own health and safety and the health and safety of others.

I agree to **put away my cell phone/chrome book during the entire SIA periods**, unless directed to use them by my field site teacher. Unauthorized use will result in detention. Excessive use will result in removal from the program, a failing grade and loss of credit.

I know that if I am removed from the program due to poor performance in the program, I will receive a failing grade for the course and lose the academic credit.

_____ Date: _____

Student's Name (Printed)

_____ Date: _____

Student's Signature



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PARENT PERMISSION

We know that our child has signed up for the Student Instructional Aide program for the upcoming school year. The program can provide valuable experience for your son/daughter within walking distance from the high school at Whitfield Elementary School. Occasionally, however, a few students will ask to be placed in a building other than Whitfield. If this is the case with your son/daughter, you may be asked for the use of the family car for transportation.

We, the parents/guardians of _____, hereby give our permission for the placement of our child in the Student Instructional Aid program, a two-period (two credit) experience supervised and coordinated by the school. We understand that he/she will be at this assignment during hours specified by the school's teacher coordinator.

We further understand and agree that if and when our child does not meet the requirements of the placement agreed to and the requirements of the school, the coordinator has the right to remove the child from the training station.

Please read the entire "Student Instructional Aide Handbook" and sign the parent approval form. Check the appropriate blanks below, sign it and have your son/daughter return it to me before **Wednesday, August 23, 2023**, so that he/she can begin the field site assignment. Thank you for your interest and support! Please feel free to contact me if you have any questions.

Sincerely,
Mrs. Samantha Shaak
Honors SIA Coordinator

_____ My child and I have both read the SIA Program Student Agreement and agree to the terms and conditions of the program.

_____ I understand that I am responsible for my son/daughter's transportation to and from the field site, if needed.

_____ Date: _____
Student's Name (Printed)

_____ Date: _____
Student's Signature

_____ Date: _____
Parent Signature