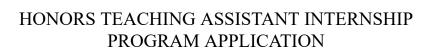


WILSON SCHOOL DISTRICT





Student's Name	Student's Cell#
What is your career objective?	
Current Cumulative GPA	(a 3.0 minimum is required to participate)
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?
	ng their own transportation to HTA field site placements. Students nay walk to Whitfield if desired.
If you are driving yourself, please pr	ovide the following information:
Driver License #	or license test date
What grade level and/or subject wou	ald you like to be placed in?
In most cases, students are responsible placement for the program.	sible for contacting a potential field site teacher to arrange
Which teacher would you like to wo	rk with (First and Last Name)?
Which building does this teacher wo	ork in?
You are required to have one <u>Teache</u>	er Recommendation. (You may email this link to the teacher
completing the recommendation) Na	ame of teacher completing this on your behalf:

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



WILSON SCHOOL DISTRICT HONORS TEACHING ASSISTANT INTERNSHIP PROGRAM



STUDENT AGREEMENT

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

Attendance:

- I must be punctual for HTA 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 HTA 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 <u>and</u> the HTA 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 <u>and</u> 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 HTA tasks in such a manner that I will reflect positively upon the HTA program and myself.
- ☑I understand that I must provide transportation to and from my field site placement.

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 <i>not</i> 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 HTA 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



Parent Signature

WILSON SCHOOL DISTRICT HONORS TEACHING ASSISTANT INTERNSHIP PROGRAM



PARENT PERMISSION

We know that our child has signed up for the Honors Teaching Assistant Internship 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 Honors Teaching Assistant Internship 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 "Honors Teaching Assistant Handbook" and sign the parent approval form. Check the appropriate blanks below, sign it and have your son/daughter return it to me before Monday , August 19 , 2024 , 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 HTA Coordinator
My child and I have both read the HTA 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
Data