

Jamestown Public Schools

School Counseling Practicum/Internship Information

Thank you for considering Jamestown Public Schools as a potential site for your counseling practicum or internship. The JPS Counseling and Social Work Department's mission is to recognize each student's uniqueness and personal worth and to support all students as they acquire the academic, career, and personal/social competencies necessary to become effective students, responsible citizens, productive workers, and lifelong learners.

Our counseling staff can be an excellent resource for you during your education process. In order to make this a quality experience for you, your counseling supervisor and especially our students, we ask that you complete the application process as described below.

Application Overview:

To be considered for a practicum or internship position with Jamestown Public Schools, applicants must:

1. Complete the attached *School Counseling Internship/Practicum Application*.
2. Provide proof of student *liability insurance* and a clear *FBI background check*.
3. Submit a *cover letter* that includes the following information:
 - a. Brief description of your educational and work background
 - b. An outline of the learning goals you wish to achieve as part of your practicum/internship experience
4. Submit *two letters of recommendation*, one of which must be from your internship/practicum supervisor.

Submitting Materials:

Print and mail to:

Jamestown Middle School
Attn: Danielle Schoeler
203 2nd Ave SE
Jamestown, ND 58402-0269

Or scan and email to: Danielle.schoeler@k12.nd.us

Deadlines:

Please submit all necessary materials two weeks prior to the start of the semester in which you wish to begin.

School Counseling Internship/Practicum Application

Jamestown Public Schools
Jamestown, ND

Name: _____ Phone: _____

Address: _____

Email: _____

Position you are applying for (check one): ___ Practicum ___ Internship

If applying for an internship, did you complete a practicum experience? If so, where?

Total hours required by your graduate program: _____

Name of college or university: _____

Name of practicum/internship supervisor: _____

Email: _____

Phone: _____

Term you are applying for:

School year _____ Semester (check one): ___ Fall ___ Spring ___ Both

Education level you are requesting (check all that apply):

___ Elementary (K-5) ___ Middle School (6-8) ___ High School (9-12)