

**Psychological Services
School Psychology Internship Program
Application Checklist**

Thank you for considering Hillsborough County Public Schools (HCPS) for your school psychology internship. Applications for our internship program must be postmarked by January 31st to assist us with timely review of documents and scheduling of interviews.

Please use this checklist to ensure that all required paperwork is completed, then forward your application packet to the address provided below:

- ☐ Application
- ☐ Cover Letter
- ☐ Curriculum Vitae or Resume
- ☐ Two Psychoeducational Evaluation Reports (*with identifying information removed or redacted*)
- ☐ Transcripts (**Unofficial**/Duplicated Copies Acceptable)
- ☐ Two (2) Letters of Recommendation Requested

Letters should be requested from individuals who have professional experience with the applicant as it relates to the field of school psychology. Letters may be submitted with this application or mailed separately. If mailed separately, letters will be accepted until the day of the interview.

Kimberly Kotula
Psychological Services
Instructional Services Center
2920 N. 40th Street
Tampa, FL 33605

Re: Internship Application

Questions regarding the HCPS Internship Program may be directed to:

Kimberly Kotula
Coordinator, Psychological Services
813.273.7372
Kimberly.kotula@hcps.net

For Office Use Only:

Internship Application Packet Received: _____

**Psychological Services
School Psychology Internship Program Application**

Student Information

Last Name:		First Name:		MI:
Address:				
City:		State:		Zip Code:
Home Phone:		Work Phone:		Cell Phone:
Which number is best to reach you:		<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Cell
Email Address:		Best time of day to reach you:		
Are you bilingual?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, which language(s)

University Information

Degree:		<input type="checkbox"/> Ed.D./Ph.D./Psy.D.	<input type="checkbox"/> Ed.S./Psy.S.	Anticipated Graduation Date:
Length of Experience Needed:		<input type="checkbox"/> 12 Month (Ph.D./ Psy.D.)		<input type="checkbox"/> 10 month (Ed.S./Psy.S.)
University:				
Address:				
City:		State:		Zip Code:
University Internship Coordinator:				Phone:
Accreditation:		<input type="checkbox"/> NASP	<input type="checkbox"/> APA	<input type="checkbox"/> Other

Practicum Experience

Name of District:	School:
Field Supervisor:	Date of Practicum:
Focus (observation, assessment, counseling, etc.):	
Name of District:	School:
Field Supervisor:	Date of Practicum:
Focus (observation, assessment, counseling, etc.):	
Name of District:	School:
Field Supervisor:	Date of Practicum:
Focus (observation, assessment, counseling, etc.):	

Areas of Training and Degree of Experience

Indicate the areas of training you have received and your degree of experience or comfortability.			
<i>1=Very Little</i>		<i>2=Somewhat</i>	
<i>3=Moderate</i>		<i>4=Much</i>	
<i>5=Very Much</i>			
Area	Degree	Area	Degree
<input type="checkbox"/> ADHD		<input type="checkbox"/> Low-Incidence Populations (DHH, VI, PI, etc.)	
<input type="checkbox"/> Autism Spectrum Disability		<input type="checkbox"/> Parent and Teacher Interview	
<input type="checkbox"/> Bilingual Assessments		<input type="checkbox"/> PBIS	
<input type="checkbox"/> CBA/CBM		<input type="checkbox"/> Pre-Kindergarten	
<input type="checkbox"/> Crisis Intervention		<input type="checkbox"/> PREPARE	
<input type="checkbox"/> Developmental Disabilities		<input type="checkbox"/> Presentation/Trainings	
<input type="checkbox"/> Elementary		<input type="checkbox"/> MTSS/RtI	
<input type="checkbox"/> Exceptional Center or Alternative Schools		<input type="checkbox"/> Report Writing	
<input type="checkbox"/> FBA/PBIP		<input type="checkbox"/> Secondary	
<input type="checkbox"/> General Technology		<input type="checkbox"/> Section 504 Accommodations and Evaluations	
<input type="checkbox"/> Graphing		<input type="checkbox"/> Standardized Testing	
<input type="checkbox"/> Group Counseling		<input type="checkbox"/> Student Observation	
<input type="checkbox"/> Individual Counseling		<input type="checkbox"/> YMHFA	

Identify and prioritize the top three experiences that you hope to gain from your internship.