

DIXIE STATE UNIVERSITY
STUDENT ENHANCED EXPERIENCE (SEE)
 Addendum/Agreement for Participation in the
WASHINGTON COUNTY SCHOOL DISTRICT

This form must be submitted to the WCSD HR Department

Name:		Cactus Number:	Program GPA:	
Availability Date:		Completion Date:	Elementary Education K-6 th Grade Licensure	
Address:		City:	State:	Zip Code:
Cell Phone:	Home Phone:	Email Address:		
Area of Assignment: (School and Grade Level)				
Agreement: I understand there is no associated expectation of continued employment with the Washington Country School District (WCSD) at the completion of this program. I agree that since I have been selected to participate in the Dixie State University (DSU) Student Enhanced Experience (SEE) with the WCSD that I will: <ol style="list-style-type: none"> 1. Conduct myself in a collegial and professional manner in accordance with all applicable school and district policies 2. Perform duties for a minimum of 3.5 hours each workday and participate in required school activities and programs 3. Not engage in other employment that conflicts with the Dixie State University (DSU) SEE Program and the WCSD Agreement, which include substitute employment 4. Continue my SEE assignment to the end of the contract year 5. Complete all additional practicum and student teaching assignments as required in the DSU Education Program, with one practicum full day each week during the fall semester and student teaching full time as scheduled spring semester 				
Print Name:			Date:	
Signature:				

The SEE Program is a cooperative educational endeavor between Dixie State University and the Washington County School District, designed to enhance a prospective teacher's opportunity for an applied practical classroom teaching experience. Washington County School District will ensure that the SEE apprentice is released from work in sufficient time to attend classes at Dixie State University.

MANDATORY: to be considered for this program, the APPLICANT must obtain the following eligibility verification: I certify that the applicant has completed a satisfactory and current background check, holds a temporary student teacher license issued by USBE. The applicant is eligible for participation according to WCSD Policy and this agreement, by the start of the school contract year.

<i>Dixie State University Approval Signature</i>	<i>Position</i>	<i>Date</i>
	Dixie State University Placement Director	

Institution Name College or University:	Dixie State University	
Name and Phone number of Collegiate Supervising Professor:	Name: Joy Challis	Phone No: 435-652-7674
Name and School for WCSD Mentor Teacher:	Name:	School:
Human Resource Department Approval:	Signature:	Date: