# FORM #12C: INTERN PROGRAM ANNUAL SUMMARY

North Coast Beginning Teacher Program
5340 Skylane Blvd., Santa Rosa, CA 95403
Phone: (707) 524-2818 FAX: (707) 524-2815
www.ncbtp.org

| Credential Requirements |
|---|
| Enrolled in: Dominican University of California |
| Credential Program (circle):<br>Single-Subject: _____ Multiple-Subject<br>Education Specialist: Mild/Moderate Education Specialist: Moderate/Severe |
| Filed for California Intern Credential with University Credential Analyst on: _____<br>Month/Day/Year |
| Intern Credential Issuance Dates: |
| Provided copy of Intern Credential to employing district/agency on: _____<br>Month/Day/Year |

| Enrollment Requirements | Date Completed |
|---|---|
| Enroll as Intern in NCBTP online at: | |
| Submitted State Consent Form to NCBTP | |
| Submitted the NCBTP Intern Program Contact Information form to | |

| North Coast Beginning Teacher Intern Program Activities |
|---|
| Attend **Starting Out Right** workshop |
| Review/complete **Binder Activities** with my Support Provider |
| **Meet weekly** or as needed with my Support Provider |
| Sign monthly **Activity Logs** (SP sends to NCBTP staff monthly) |
| Attend required NCBTP **Intern meetings** _____ Fall _____ Spring _____ Other |
| **Observe** a Colleague's classroom _____ Fall _____ Spring |
| Support Provider **Observations** _____ Fall _____ Spring |
| MID-YEAR CHECK-IN WITH PRINCIPAL:<br>**MUST BE VERIFIED BY SITE PRINCIPAL SIGNATURE→SIGNATURE:**_____DATE: _____ |
| Complete & Submit State Intern Survey Date Submitted: _____ |
| Submit end-of-year Retention Data Form Date Submitted: _____ |
| Complete & Submit Annual Summary (this form) Date Submitted: _____ |
| Complete & Submit Signed Intern Agreement Date Submitted: _____<br>(agreement is submitted to your University Supervisor) |

| University Intern Program Activities | |
|---|---|
| Courses Completed this Year: | University Supervisor Observation Dates: |
| _____ | _____ _____ |
| _____ | _____ _____ |
| _____ | _____ _____ |

School Year
__ __ __ __

Intern: _____ Support Provider: _____
Printed Name Printed Name

Intern: _____ _____ Support Provider: _____ _____
Signature Date Signature Date

School Site: _____ District: _____ County: _____

Upon completion **please submit ALL copies of signed Annual Summary** to the NCBTP Intern Coordinator. Your copy will be mailed back to you.

For NCBTP Office Use Only:

Date of Completion: _____ NCBTP Director: _____