



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.

Please mail documents to: Leah Armstrong, Ed.D., BCBA
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:

Leah Armstrong
Coordinator, Psychological Services
813.273.7133
leah.armstrong@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	Best time of day to reach you: _____	
Email Address: _____		
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: _____ Field Supervisor: _____ Focus (observation, assessment, counseling, etc.): _____ _____	School: _____ Date of Practicum: _____
Name of District: _____ Field Supervisor: _____ Focus (observation, assessment, counseling, etc.): _____ _____	School: _____ Date of Practicum: _____
Name of District: _____ Field Supervisor: _____ Focus (observation, assessment, counseling, etc.): _____ _____	School: _____ Date of Practicum: _____

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	Area	Degree	Area	Degree	Area	Degree
<input type="checkbox"/> ADHD	_____	<input type="checkbox"/> Low-Incidence Populations (DHH, VI, PI, etc.)	_____	<input type="checkbox"/> Parent and Teacher Interview	_____	<input type="checkbox"/> PBIS	_____	<input type="checkbox"/> Pre-Kindergarten	_____
<input type="checkbox"/> Autism Spectrum Disability	_____	<input type="checkbox"/> Crisis Intervention	_____	<input type="checkbox"/> PREPARE	_____	<input type="checkbox"/> Presentation/Trainings	_____	<input type="checkbox"/> MTSS/RtI	_____
<input type="checkbox"/> Bilingual Assessments	_____	<input type="checkbox"/> Developmental Disabilities	_____	<input type="checkbox"/> Report Writing	_____	<input type="checkbox"/> Secondary	_____	<input type="checkbox"/> Section 504 Accommodations and Evaluations	_____
<input type="checkbox"/> CBA/CBM	_____	<input type="checkbox"/> Elementary	_____	<input type="checkbox"/> Standardized Testing	_____	<input type="checkbox"/> Student Observation	_____	<input type="checkbox"/> YMHFA	_____
<input type="checkbox"/> Crisis Intervention	_____	<input type="checkbox"/> Exceptional Center or Alternative Schools	_____						
<input type="checkbox"/> Developmental Disabilities	_____	<input type="checkbox"/> FBA/PBIP	_____						
<input type="checkbox"/> Elementary	_____	<input type="checkbox"/> General Technology	_____						
<input type="checkbox"/> Exceptional Center or Alternative Schools	_____	<input type="checkbox"/> Graphing	_____						
<input type="checkbox"/> FBA/PBIP	_____	<input type="checkbox"/> Group Counseling	_____						
<input type="checkbox"/> General Technology	_____	<input type="checkbox"/> Individual Counseling	_____						

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