

**WINGATE UNIVERSITY  
GRADUATE EDUCATION LEADERSHIP PROGRAM  
INTERNSHIP CONTRACT**

\_\_\_\_\_  
**NAME**

\_\_\_\_\_  
**COHORT**

|       |                          |                         |           |
|-------|--------------------------|-------------------------|-----------|
| _____ | EDLD 694: Internship I   | 1 Semester Credit Hour  | 75 Hours  |
| _____ | EDLD 695: Internship II  | 3 Semester Credit Hours | 200 Hours |
| _____ | EDLD 696: Internship III | 3 Semester Credit Hours | 200 Hours |

I, the undersigned, am enrolled in the course indicated above. In order to earn credit for this course, I hereby agree to complete all requirements described in the "Internship Handbook for the K-12 Principal Licensure Program".

\_\_\_\_\_  
Signature of Intern

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Internship Supervisor

\_\_\_\_\_  
Date

Original is included in the Internship Journal.  
Return one copy to the Internship Supervisor and Mentor.

**WINGATE UNIVERSITY  
GRADUATE EDUCATION LEADERSHIP PROGRAM**

***MENTOR CONTRACT FORM***

The educator named below has enrolled in Wingate University's Principal Internship Program. The intern is required to spend seventy-five hours (summer) and two hundred hours (Semester I or Semester II) actively participating in campus-based administrative activities as well as other principal experiences. These hours will be scheduled jointly by the mentor and the intern.

**Name of Intern:** \_\_\_\_\_

Cohort: \_\_\_\_\_ Intern's E-Mail Address: \_\_\_\_\_

Summer \_\_\_\_\_ Semester I \_\_\_\_\_ Semester II \_\_\_\_\_ Year \_\_\_\_\_

Current Position: \_\_\_\_\_

School Assignment: \_\_\_\_\_

School Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Mentor:** \_\_\_\_\_

School: \_\_\_\_\_ School District: \_\_\_\_\_

School Phone Number: \_\_\_\_\_

School E-Mail Address: \_\_\_\_\_

**Internship Supervisor:** \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

I, the undersigned school administrator, do hereby accept the above-named intern. I will assist in supervising his/her activities for the required amount of time this semester. I understand my responsibilities as outlined in the internship handbook.

\_\_\_\_\_  
Intern's Signature

\_\_\_\_\_  
Printed Name of Intern

\_\_\_\_\_  
Mentor's Signature

\_\_\_\_\_  
Printed Name of Mentor

**WINGATE UNIVERSITY  
GRADUATE EDUCATION LEADERSHIP PROGRAM  
INTERNSHIP PLAN**

\_\_\_\_\_  
**INTERN'S NAME**

\_\_\_\_\_  
**COHORT**

Course No. EDLD \_\_\_\_\_ Semester \_\_\_\_\_ Year \_\_\_\_\_ Internship Hours \_\_\_\_\_

Mentor's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Internship Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Consult with your mentor to discuss activities and responsibilities you will undertake during your internship. List these activities and responsibilities and indicate which of the six ISLLC Standards are addressed. Then write a brief description of each activity and estimate the number of hours required to complete it. Ten percent of the total hours required for the internship may be used to prepare the documents for your Internship Journal.

This plan is required to focus your early actions as an intern. Adjustments may be made during the semester to reflect evolving interests and needs of the school. Changes are to be initialed by the mentor.

Review and approval of this plan will occur during the first site visit by the internship supervisor.

Activity/Responsibility: \_\_\_\_\_ Estimated Hours \_\_\_\_\_

Standard Addressed: \_\_\_\_\_

Description:

Activity/Responsibility: \_\_\_\_\_ Estimated Hours \_\_\_\_\_

Standard Addressed: \_\_\_\_\_

Description:

**The format of the internship plan may be adapted by the intern to suit his/her sense of organization provided all required components are included.**

**WINGATE UNIVERSITY  
EDUCATIONAL LEADERSHIP PROGRAM**

**INTERNSHIP DAILY LOG**

(Use a Word chart or Excel chart)

Name of Intern: \_\_\_\_\_ Cohort: \_\_\_\_\_  
 Semester: \_\_\_\_\_  
 School: \_\_\_\_\_  
 Mentor: \_\_\_\_\_  
 Internship Supervisor: \_\_\_\_\_

The intern is to devise his/her own format for recording daily internship activities. The daily log entry will include (1) the date, (2) the amount of time, (3) a narrative to describe the activity and provide pertinent details, and (4) the ISLLC Standard (number only is acceptable) which applies to this activity. Other information may be maintained in the daily log for the intern's reference.

**A simple listing of activities is not acceptable. The narrative is to be a mini-news report with pertinent details about the internship activities. That is: Who was involved? What happened? When? Where? Additional pertinent details.**

| <u>Date</u> | <u>Description of Activity</u> | <u>Time</u> | <u>Standard</u> |
|-------------|--------------------------------|-------------|-----------------|
|-------------|--------------------------------|-------------|-----------------|

**WINGATE UNIVERSITY  
EDUCATIONAL LEADERSHIP PROGRAM**

**INTERN REFLECTION LOG**

**WEEKLY**

Name of Intern: \_\_\_\_\_

Dates Covered: \_\_\_\_\_

Standard: \_\_\_\_\_

The intern is to devise his/her own format for maintaining the reflection log. The long-term goal for this requirement is that the intern will develop the habit of frequent professional reflection. Required components are (1) the time span (dates) covered by the reflection narrative, (2) the narrative relates to events recorded in the daily log, and (3) indicate the ISLLC Standards which apply to the activities described in the narrative.

**WHAT IS A REFLECTION?**

Reflection requires interns to actually think about what they are doing, why they are doing it, what the outcomes are, and how the information can be used for continuous improvement. Interns are to critique their activities and then say "So what?", "What did I learn?", "What do I still need to know?", "Who can help me?", "What can I read?", "What do I do to adjust what I am doing?", etc.

Acceptable reflections are written contemporaneously with the events referred to in the intern's narrative.

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**MENTOR'S INTERNSHIP JOURNAL CONFIRMATION**

Required at the end of each internship course and included in the Internship Journal.

Name of Intern: \_\_\_\_\_ Course No. \_\_\_\_\_

Cohort: \_\_\_\_\_

Semester: \_\_\_\_\_ Year \_\_\_\_\_

The intern's signature serves as confirmation that the documents included in this Internship Journal have been satisfactorily completed and reflect a faithful record of his/her activities and experiences.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

The mentor's signature affirms the intern's activities and experiences as described in the Internship Journal.

\_\_\_\_\_  
Signature of Mentor

\_\_\_\_\_  
Date

**WINGATE UNIVERSITY  
GRADUATE EDUCATION LEADERSHIP PROGRAM**

**INTERN CONTACT INFORMATION  
and  
MENTOR CONTACT INFORMATION**

Please Print

**Name of Intern:** \_\_\_\_\_

Cohort: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Home E-Mail Address: \_\_\_\_\_

School: \_\_\_\_\_

School Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

School Phone: \_\_\_\_\_

School E-Mail Address: \_\_\_\_\_

School Position: \_\_\_\_\_

\* \* \* \* \*

**Name of Mentor:** \_\_\_\_\_

**Current Position:** \_\_\_\_\_

School: \_\_\_\_\_

School Phone: \_\_\_\_\_

School E-Mail: \_\_\_\_\_

School Address: \_\_\_\_\_

**Send original to Graduate Education Program Secretary**