California State University, Chico  
SPECIAL EDUCATION INTERN PROGRAM  
SCHOOL OF EDUCATION  
EDUCATION SPECIALIST INTERNSHIP  
INDIVIDUAL INDUCTION PLAN (IIP)

Name of Intern _____________________________________________________________

Name and Address of Intern Placement Site _______________________________________

Home or Cell Phone Number (____) ____________ Work Phone Number (____) __________

E-mail Address ____________________________________________________________

DESCRIPTION OF SETTING:

Grade Levels (circle):
- Primary grades K 1 2 3
- Elementary 4 5 6
- Middle 7 8
- Secondary 9 10 11 12

Type of Program (circle):
- Special Education M/M* M/S* ED* SH* Inclusive Setting
- General Education

Contracted Position (circle):
- Full-time
- Half-time

*M/M= Mild to Moderate Credential/Program  
M/S= Moderate to Severe Credential/Program  
ED = Emotionally Disturbed  
SH = Severely Handicapped
DESCRIPTION OF CLASSROOM SETTING:


DESCRIPTION OF TEACHING LOAD:


DESCRIPTION OF BEGINNING TEACHER PROTECTIONS & MODIFICATIONS (i.e. help with an IEP meeting, training on giving an assessment, anything that a credential teacher could do that an intern may need assistance with):


District ____________________________
School ____________________________
Mailing address of school (include zip code) _____________________________________________

Local Administrator ____________________________
Local Support Teachers (LST) Name ____________________________
LST phone numbers home: ____________________________ Work: ____________________________
LST email address ___________________________________
The information provided above is accurate.
Intern’s signature: ___________________________ Date: ______

Reviewed and Approved by LEA Representative:
LEA Representative’s signature: ___________________________ Date: ______

Reviewed and Approved by Intern University Supervisor:
Intern Supervisor’s signature: ___________________________ Date: ______
INITIAL MEETING: To be completed within (30) days after Intern assumes teacher responsibilities for special education students. The IIP team members will develop an individualized plan of support for the Intern that will identify: (1) the professional goals of the Intern, (2) who will provide needed resources to address the goal, and (3) a realistic timeline for addressing and assessing the goals. The University Supervisor will check in once a semester to monitor process, update the Support Provider and Administer on the Intern’s progress towards goals, and collaboratively make adjustments to the plan as needed.

FINAL MEETING: To be completed during the last two to three weeks of the Intern’s last semester in the program. The IIP team members will evaluate the Intern’s progress and make notations as to what goals and supports the student will need during teacher induction.

SIGNATURES OF THOSE IN ATTENDANCE:

INTERN: ___________________________ INITIAL MEETING DATE:
INTERN: ___________________________ FINAL MEETING DATE:

UNIVERSITY SUPERVISOR: ___________________________ INITIAL MEETING DATE:
UNIVERSITY SUPERVISOR: ___________________________ FINAL MEETING DATE:

LOCAL SUPPORT TEACHER: ___________________________ INITIAL MEETING DATE:
LOCAL SUPPORT TEACHER: ___________________________ FINAL MEETING DATE:

ADMINISTRATOR: ___________________________ INITIAL MEETING DATE:
ADMINISTRATOR: ___________________________ FINAL MEETING DATE:
A summary of this meeting and identified objectives and planned activities for the intern to focus on during the duration of their time in the program are listed below:
**Realistic assessment of support for intern.** Contact will be (frequency, method, place, etc.)

1. Each Intern Candidate has a Local Support Teacher assigned to him/her by their District/County.

<table>
<thead>
<tr>
<th>Focus Area</th>
<th>Action Steps/Activities</th>
<th>Documentation</th>
<th>Time Table</th>
<th>Person Responsible</th>
<th>Completion of Goal</th>
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Fill-out Exit Interview & Induction Preview Sheet at Final IIP Meeting in Intern’s Final Semester of the Program
2. As representatives of CSU, Chico in the schools, University Supervisors promote close and continuing contact for instruction and guidance of credential candidates and make every attempt to be consistent, supportive, and objective. They are observed 4 times a semester with feedback and individual reflection on their lessons. Each semester the Intern will be evaluated on the Teacher Performance Expectations (TPEs) that are aligned to the CSTPs.

3. Each Intern follows a course of study at CSU Chico that prepares him/her to provide education and case management to his/her students.

4. Each Intern has an Educational Specialist Intern Pathway Handbook to guide him/her through her program.

5. Each Intern also has the support of their employer and site administrator.

______________________________________________________________________________________________

Other resources that might be needed for support:

______________________________________________________________________________________________

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