



Haverhill Public Schools

Human Resource Department

College/University Placement Application Process

The Haverhill Public Schools has many opportunities for College/University students interested in completing student teaching pre-practicum, student teaching practicum, observations and internship hours as part of the required curriculum at colleges and universities. Haverhill Public Schools would like to honor these types of requests whenever possible and welcome future educators to our District.

The following guidelines have been established for the placement of students:

All students ***MUST*** complete the Placement Questionnaire, Student Intern Application, Confidentiality Agreement, Criminal Offender Record Information (CORI) form and Fingerprints or Suitability Letter. Attached please find said documents as well as information on how to schedule your fingerprint appointment.

Approved CORI and Fingerprints must be on file before an Intern can start their placement.

Overview of the Placement Process

1. All requests for placements are initiated by the student or student's instructor department representative. Each request must be made in writing to the school's principal within a minimum of thirty (30) days prior to the beginning of the student's assignment.
2. Once a placement request has been approved by the principal the following needs to be submitted to Human Resources - Attention Mikaela Carrozza, Human Resource Specialist.
 - ☐ Placement Questionnaire
 - ☐ Student Intern Application
 - ☐ Confidentiality Agreement
 - ☐ CORI Form (with colored copy of proper identification presented in person)
 - ☐ Fingerprints or Suitability Letter (if you've been fingerprinted for another district)
 - ☐ Emergency Contact Information
3. Once the application process, including CORI and fingerprints, have been finalized by the Haverhill Public Schools you will be notified, along with the school principal, that you are cleared to start your hands-on experience with HPS.
4. The college/university and/or student will contact the cooperating teacher to further discuss the details of the placement.

Please note: All students must be supervised by a cooperating teacher who is licensed in the subject area of which the applicant is seeking.

PLEASE RETURN YOUR COMPLETED PACKET DIRECTLY TO:

Mikaela Carrozza, HR Specialist (978-420-1912)

Via email mcarrozza@haverhill-ps.org

OR

4 Summer Street, Suite 104, Haverhill, MA 01830

Human Resources Checkbox:

School Brains _____ CORI _____ FP/Suitability _____ Notified Cleared _____



College/University Placement Questionnaire

Please check one:

- ☐ Student Teaching Pre-Practicum ☐ Student Teaching Practicum ☐ Observation
☐ Internship ☐ Student Nurse ☐ Other: _____

PLEASE PRINT CLEARLY

Student Name: _____ Telephone #: _____

Name of College/University: _____

Name & Title of College/University Representative: _____

Representative Phone and Email Address: _____

College Major: _____

Grade/Subject Requested: _____

Total Hours Requested Per Week: _____ Days Requested (Circle all that apply): M – T – W – TH – F – ALL

Start Date: _____ End Date: _____

School/Grade Preference:

- ☐ Pre-School ☐ Elementary School ☐ Middle School
☐ High School ☐ ALT Learning ☐ Other HPS School _____

Student Signature: _____

College/University Representative Signature: _____

TO BE COMPLETED BY HPS PRINCIPAL

School: _____ Grade/Subject: _____ Access to any HPS computer systems needed? Y / N

Name of Teacher Assigned to Student: _____

Start Date: _____ End Date: _____ Schedule: _____ Total hrs planned: _____

I hereby certify that I have completed the qualifications on the recommended student and that this is an approved placement for my building/department.

Principal Signature: _____ **Date:** _____

Please return the student intern application packet to Mikaela Carrozza, Human Resource Specialist. Once all documentation is received and processed, the intern and administrator will be notified.



HAVERHILL PUBLIC SCHOOLS
COLLEGE/UNIVERSITY STUDENT APPLICATION

Ms., Mrs., Mr.: _____
(First) (Middle) (Last)

Address: _____
(Street) (Apt. #)

(City) (State) (Zip)

Telephone No.: _____ Cell Phone No.: _____

Email: _____ Maiden Name: _____

Social Security No.: _____ Bilingual: YES / NO Languages: _____

Student Statement:

I hereby certify that the facts set forth in this application are true and complete. I understand that if chosen, falsified statements, omission or misrepresentation of fact on this application may be considered sufficient cause for refusal of engagement or immediate dismissal. I authorize the Haverhill Public Schools to make any investigation of my personal history. I authorize all previous employers or other persons who have knowledge of me, or my records, to release such information to the Haverhill Public Schools.

Date: _____ Students's Signature: _____

The Haverhill Public Schools subscribe to the fullest extent to the principle of the dignity of all people and of their labors and does not discriminate on the basis of race, color, religion, national origin, sex, gender identity, sexual orientation, age, genetic information, ancestry, military status, or disability. Every available opportunity will be taken in order to assure that each applicant for a position is selected on the basis of qualifications, merit and ability.

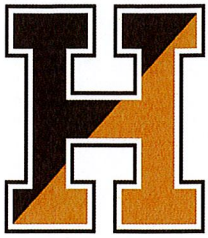
FOR OFFICE USE ONLY

____ Placement Questionnaire _____ Confidentiality Agreement _____ CORI - Date Rec'd _____

____ Fingerprints - Date Rec'd _____ Suitability Letter - Date Rec'd _____ Date of FP _____

Start Date _____ School _____ School Brains (if applicable)

Please note - if applying for a paid position a different application process must be followed; this includes Partnerships already in place, i.e. Merrimack Fellows, etc.



Haverhill Public Schools

Human Resource Department

Student Teaching Confidentiality Agreement

Student Records

1. All student records maintained in the school must be private and secure. Computerized systems should be electronically secure.
2. Do not include students' names when emailing staff to discuss any sensitive issues. Any email containing a student's name will become part of the student's record.
3. School personnel should be informed of how to protect a student's privacy. Refer to DOE Protecting Students Privacy: Data Security: K-12 and Higher Education at <https://studentprivacy.ed.gov/security>
4. It is important that all information contained in a student's record is private and confidential.

Family Educational Rights and Privacy Act (FERPA)

1. Employees and volunteers must maintain appropriate confidentiality with respect to conversations and/or information relating to students, families, parents/guardians, faculty, administration, and colleagues.
2. Such information is required to be maintained in strict confidence.
3. Employees and volunteers are not to discuss such information outside the confines of the school building except on an authorized need to know basis in order to perform assigned duties. All business employee, volunteer, and student records, computerized data and related information are the property of Haverhill Public Schools.
4. Employees are not to copy, distribute, alter or modify such records, materials, computerized data or information unless authorized to do so.

Mandated Reporter

MGL Chapter 119 - Section 51A Training Care and Protection of Children Under 18 (51A)

1. School personnel are mandated reporters legally obligated to contact the Massachusetts Department of Children and Families (DCF).
2. If school personnel have reasonable cause to suspect physical or emotional abuse or substantial risk of harm/neglect they must follow DCF 51A reporting requirements.
3. Please consult with school principals, school nurses, guidance counselors, the Superintendent, or the Director of Special Education for assistance if abuse or neglect is suspected.
4. The human resource link of the DCF website contains the most current mandated reporter guidelines, as well as several resources for faculty and staff.
5. The 51 A form is located at <https://www.mass.gov/service-details/department-of-children-and-families-dcf>.

Signing this documentation signifies your understanding and commitment to adhere to student confidentiality. Upon completion of my placement with the Haverhill Public Schools, I will continue to maintain student confidentiality.

Student Teacher Name (print)

Student Teacher Signature

Date

**IMPORTANT!!
COLOR COPY
OF
GOVERNMENT
ISSUED ID
MUST BE
ATTACHED**

HAVERHILL PUBLIC SCHOOLS

**4 Summer Street Room 104
Haverhill, MA 01830
978-374-3400**

**CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM**

Haverhill Public Schools is registered under the provisions of M.G.L. c.6 § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, and volunteers, license applicants, or current licensees.

As a prospective or current employee, subcontractor, volunteer, license applicants, or current licensees, I understand that a CORI check will be submitted for my personal information to the Department of Criminal Justice Information Services (DCJIS). I hereby acknowledge and provide permission to Haverhill Public Schools to submit a CORI check for my information to the DJIS. The authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing Haverhill Public Schools with written notice of my intent to withdraw consent to a CORI check. I also understand, that Haverhill Public Schools may conduct subsequent CORI checks within one year of the date of this form signed by me.

By signing below, I provide my consent to a CORI check and affirm that the information provided on this Acknowledgement Form is true and accurate.

Signature of CORI Subject

Date

Please check one: ☐ **Current Employee** ☐ **Prospective Employee** ☐ **Subcontractor** ☐ **Volunteer** ☐ **Student**

SUBJECT INFORMATION – PLEASE PRINT

School: _____

Last Name: _____ Suffix (Jr., Sr., etc.): _____

First Name: _____ Middle Initial: _____

Former Last Name(s): _____ Phone #: _____

Street Address: _____ City/State/Zip: _____

Date Of Birth (MM/DD/YYYY): _____ Place Of Birth: _____

Last Six (6) Digits Of Social Security Number: ____ _ --- ____ _

Sex: _____ Race: _____ Height: _____ ft. _____ in. Eye Color _____

Driver's License Number: _____ State Of Issue: _____

Father's Full Name : _____

Mother's Full Name: _____

The information contained above was verified by reviewing the following form of government issued photographic identification (circle one): Driver's License Passport State ID Military ID

Verified By: _____
Print Signature

School/Location: _____ Date: _____



Haverhill Public Schools
Fingerprinting Fulfillment Process
IdentoGO Massachusetts

1. To make an appointment for fingerprinting, Log onto <https://ma.state.identogo.com> or call 1-866-349-8130. **Walk ins are not accepted.**
 - Under Fingerprinting & Enrollment Services, click on Register for In-State Digital Fingerprinting Services
 - Agency/Sector > “Pre-K-12th Grade Education (ESE)”
 - Fingerprint Reason > “All Other School Personnel” or “Licensed Educator”
 - The Provider ID for Haverhill is 01280000. You may add up to 10 different school districts provider ID’s. Keep in mind all school districts entered would receive the fingerprint results.
 - **Be sure to print out your registration confirmation and bring it with you to your appointment.**
2. Arrive for your appointment with your printed registration confirmation and valid (not expired) Government issued ID.
3. Pay the appropriate fee of \$35 (All Other School Personnel) or \$55 (Licensed Educator) in person at time of appointment via credit card, bank or personal check, or money order. **Cash is not accepted.**
4. Trained Enrollment Agents will ensure that your paperwork is in order, take your fingerprints, process the request, and have you on your way!

Haverhill Public Schools will receive the results and contact you if additional information is needed. It’s important to retain your receipt for your records. Human Resources may request a copy of the receipt.

Please log onto <https://ma.state.identogo.com> or call 1-866-349-8130 with any questions that you may have. You may also contact the Haverhill Public Schools Human Resources Department at 978-374-3411.

Please note: If you have been fingerprinted for another MA School District within the past 7 years, you can ask that District to send Haverhill Public Schools a Determination of Suitability. Please have the suitability letter sent to: Judy Manzi at jmanzi@haverhill-ps.org or Cherie Pinardi at cherie.pinardi@haverhill-ps.org

Haverhill Public Schools – Emergency Notification
~Please Print~

Student Intern Name: _____

Emergency Contact Name: _____

Relationship: _____

Phone Number: _____

Haverhill Public Schools – Emergency/No School Notification

Keeping you informed is a top priority in the Haverhill Public School System. That's why we have adopted an automated notification service, which allows us to send a telephone and e-mail message to you providing important information about school events or emergencies. We anticipate using this service to notify you of school delays or cancellations due to inclement weather, as well as remind you about various events, including report card distribution, open house, field trips, and more.

Please provide the following contact information to which you would like to receive notifications:

Home Phone #1: _____

Cell Phone #2: _____

Email Address #1: _____