

# Killingly Public Schools

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## INTERNSHIP AND STUDENT TEACHING APPLICATION PROCESS

Students who are interested in an internship or student teaching placement in the Killingly Public School District must complete an **application** and attach all of the following **required** documentation:

- A current resume
- An unofficial copy of college transcripts
- A completed **DCF Authorization for Release of Information** form (obtained from Killingly Public Schools)  
**NOTE:** DCF will **NOT** accept this form with blank spaces. Please write “**N/A**” in all spaces that would otherwise be left blank
- A signed Technology Agreement (in case your mentor and/or building principal request a KPS device and/or email be issued to you)
- Certificate of Completion of DCF Mandated Reporter Training. **Training must be completed before your placement begins.** Training can be complete at the following website:  
<https://portal.ct.gov/DCF/Mandated-Reporter-Training/Home>
- Fingerprints** (follow steps below)
  1. Pre-Enroll online and pre-pay the fee of \$11.25 for Student Teacher (you will need a credit or debit card).  
**See CCHRS Fingerprint Service Code Form for detailed instructions and code needed to pre-enroll.**
  2. Take pre-enrollment form with the tracking number to a local police station or state police barracks. You may go to any local or state police, just call ahead for time/costs. Depending on where you go, there will be a fee for this service paid to them (this is separate from the pre-enrollment fee).
    - Closest State Police to KPS is Troop D in Danielson. Hours for fingerprinting are 7 am, 3 pm, or 11 pm, 7 days a week. They charge \$15 for fingerprinting and accept either a personal check or money order (no cash or credit cards). You need to bring 2 forms of identification, one must be photo ID. Acceptable ID’s are: driver’s license, passport and 2<sup>nd</sup> form can be birth certificate or social security card.
    - Putnam Police Department, schedule appointment online at [www.putnampolice.com](http://www.putnampolice.com), click resources, click fingerprinting, click book now. **Fee for non-residents is \$25 personal check or cash (no credit or debit cards)**
  3. **Fingerprints should be done electronic through the police, and you won’t get cards to bring back. However, if they do them with “ink” on hard copy cards – please bring completed fingerprint cards along with a copy of your pre-enrollment form back to Killingly Public Schools .**
- National Child Protection Act/Volunteers for Children Act Waiver and Consent Form

Please submit application and all required documents to Sue Theroux at the KPS Central Office before you begin your internship/student teaching.

For questions regarding the “Internship and Student Teaching Application Process,” please contact Susan Theroux at [stheroux@killinglypublicschools.org](mailto:stheroux@killinglypublicschools.org) or (860) 779-6605.

**Killingly Public Schools**  
*Great Things Happen Here!*

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# Killingly Public Schools

## Application

### Internship, Clinical, Observation & Student Teaching

Name: \_\_\_\_\_  
(Last) (First) (M.I.)

Address: \_\_\_\_\_  
(Street) (Apt.) (City) (State) (Zip)

Contact Info: \_\_\_\_\_  
(Home phone) (Cell phone) (Email address)

Indicate what you are applying for:  Internship  Clinical  Observation  Student Teaching

Indicate area & grade(s) of interest: \_\_\_\_\_  
(Subject/occupation of interest) (Grade(s) of interest)

Indicate assignment duration: \_\_\_\_\_  
(Assignment start date) (Assignment end date)

Indicate school and degree program: \_\_\_\_\_  
**\*\*\*an unofficial transcript is required\*\*\*** (College/University) (Program of study)

Program Contact: \_\_\_\_\_  
(Name) (Phone #) (Email address)

#### Connecticut Public Act 93-328 – an Act Concerning Applicant for School Employee Position:

The Killingly Public School District has a responsibility to comply with Federal and State mandated regulations. For the **safety of our children**, we ask your cooperation in completing the following information to help us meet the requirements pursuant to Connecticut General Statutes, even though you are not actually an employee of KPS.

1. Were you ever known by any other name?  Yes  No \_\_\_\_\_  
(If YES, please list name(s))

2. Have you ever been convicted of a crime, either within or outside the State of CT?  Yes  No  
If yes, please attach a separate sheet of paper identifying the approximate date, location and nature of each conviction.

3. Are any criminal charges pending against you either within or outside the State of CT?  Yes  No  
If yes, please attach a separate sheet of paper identifying the jurisdiction in which charges are pending, the nature of the charges and an explanation.

#### Agreement:

As a guest of the Killingly Board of Education, I agree to act within the scope of the duties assigned by the area supervisor. Furthermore, I hereby certify that there are no willful misrepresentations or falsifications of the statements and answers to questions in this application. I am aware that should investigation of this application disclose such misrepresentation or falsification that would in any way endanger children or inhibit the mission of the Killingly Public Schools, the authorization to continue field/course work in the school system will be withdrawn immediately.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

#### District Use Only:

Placed Location:  GECC  KCS  KMS  KIS  KHS  District

Teacher/Mentor: \_\_\_\_\_

KPS Device/Email Requested by Mentor/Principal – SCR Needed

Documents Received:  Resume  Unofficial Transcript  DCF Background Check  Technology Agreement  
 Fingerprint Release/Disclosure and Release Form  DCF Mandated Reporter Training

Asst. Superintendent Signature \_\_\_\_\_

AUTHORIZATION FOR RELEASE OF INFORMATION FOR DCF CPS SEARCH

DCF-3031

8/19 (Rev.)



I, (Applicant Name): \_\_\_\_\_ do hereby authorize the Department of Children and Families to research its records and if applicable request out of state checks, to determine whether or not I am on the central registry of persons responsible for child abuse and neglect I understand that this information may be used to determine my suitability solely for (check one):

Employment     Day Care     Volunteer     Intern     Mentor  
 Other:

**(This area for DCF Use only)**  
Date Processed: \_\_\_\_\_  
Central Registry:  YES     NO  
Processor's Initials: \_\_\_\_\_

Name of Agency (requesting background check): **Killingly Public Schools**    Attention: **Superintendent of Schools**

Address: (No. and Street): **P.O. Box 210**    City: **Danielson**    State: **CT**    Zip: **06239**

I release the Department of Children and Families from any liability for any damages I may incur which may result from the release / use of this information. I submit my following information to assist the Department of Children and Families in their search.

Applicant Last Name	Applicant First Name:	Middle:	DOB:	SS:
Applicant Address: (No. and Street):		Apartment #:	City:	State:
				Zip:
		Years at current address?"		Months
		Years		Months

**List All Previous Applicant Address(es) for the Last Five Years**     **Check if an additional sheet is necessary, and attached**

Address: (No. and Street):	Apartment #:	City:	State:	Zip:	Dates From: Month Year	Dates To: Month Year

**Other Names I have Used – Including Maiden, Previous Marriages(s)**     **Check if an additional sheet is necessary and attached**

Last Name	First Name:	Middle:	DOB:	SS:

**Name of Spouses/Other Adults in the Home – Past and Present**     **Check if an additional sheet is necessary and attached**

Last Name	First Name:	Middle:	DOB:

**Names of ALL Child(ren) – Biological, Stepchildren, Including Adult Children In or Out of the Home**     **Check if an additional sheet is necessary and attached**

Last Name	First Name:	Middle:	DOB:	Gender:
				<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unknown
				<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unknown
				<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unknown
				<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unknown

Do you have an active DCF investigation at this time?  Yes    No    Do you have an active appeal of a DCF investigation at this time?  Yes    No

Applicant Signature: \_\_\_\_\_    Date: \_\_\_\_\_

This authorization will expire 180 days after the date of the signature. Forms not filled out completely and / or clearly will be returned. Do not leave any blank spaces. Please specify with "N/A" if not applicable. \*\*DCF Conducts a Search of the CT Registry ONLY\*\* The Accuracy of this Search is Limited to the Information Provided by the Applicant to DCF

**How To Submit:** Email: [DCF.BackgroundCheck@ct.gov](mailto:DCF.BackgroundCheck@ct.gov) | Fax: 860-560-7071 | Mail: DCF-Background Check Unit, 505 Hudson Street, Hartford, CT 06106

Please be advised that due to the large volume of forms received, we are unable to provide confirmation of receipt or status updates during the background check process. If, after 4 weeks, you do not receive the results of any form(s) you sent in or if you have any questions, please contact the BGC Unit.

Connecticut Criminal History Request System  
Fingerprint Service Code Form

**Service Name:**

To register for your fingerprints to be taken, please visit  
<https://ct.flexcheck.us.idemia.io/cchrspreenroll> and enter the following  
Service Code:

*Service Code is unique to your hiring/licensing agency. Do not use this code for another purpose.*

- After entering the Service Code, confirm the Fingerprint Reason by selecting the “Yes – This information looks Correct” option.
- Complete the Pre-Enrollment information as completely as possible. All fields in bold font/blue highlight are mandatory to move forward with the process. After filling out all applicable fields, move to the next section by selecting the “Submit Pre-Enrollment” button at the bottom of the screen.
- After completing the pre-enrollment steps, a confirmation screen will appear confirming registration is complete, including your Applicant Tracking Number. **This Tracking Number will need to be taken to your fingerprinting session. It will also be sent to the e-mail address you provided during registration.**



Connecticut Criminal History Request System  
**PreEnrollment**

**SUCCESS. Your Pre-Enrollment has been submitted.**

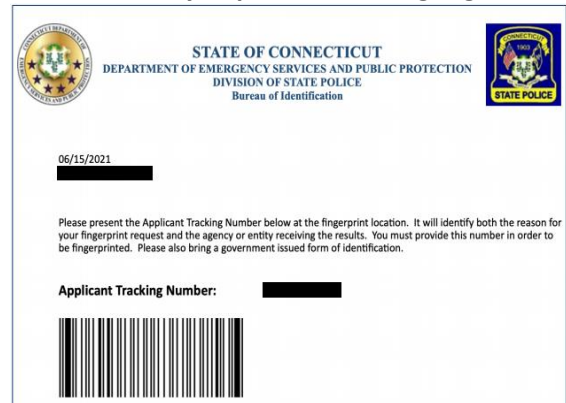
You will receive an email from the CCHR system that provides you with your Applicant Tracking Number below. You will need this information at the time fingerprints are taken.

**NOTE: Results (PDF Documents) may not be viewable on all devices. For best results, use a desktop or laptop.**

Applicant Tracking Number: 21T0001085

**BEAR, TEDDY RAWR**  
DOB: 12/25/1950

It is required to have the applicant tracking number (above) at the time of fingerprinting.  
BUREAU OF IDENTIFICATION 06/15/2021 10:03




STATE OF CONNECTICUT  
DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION  
DIVISION OF STATE POLICE  
Bureau of Identification

06/15/2021

Please present the Applicant Tracking Number below at the fingerprint location. It will identify both the reason for your fingerprint request and the agency or entity receiving the results. You must provide this number in order to be fingerprinted. Please also bring a government issued form of identification.

Applicant Tracking Number: [REDACTED]







STATE OF CONNECTICUT

DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION

Division of State Police

National Child Protection Act/Volunteers for Children Act Waiver and Consent Form

The criminal history record checks performed under the National Child Protection Act (NCPA), as amended by the Volunteers for Children Act (VCA), will determine if you, as a care provider (current or prospective employee, volunteer, contractor/vendor, or owner/operator), have been convicted of crimes that bear upon your fitness to be responsible for the safety and well-being of children (persons less than 18 years old), the elderly (persons 60 years of age or older), or individuals with disabilities (persons with a mental or physical impairment who require assistance to perform one or more daily living tasks). Pursuant to the NCPA/VCA, this form must be completed and signed by every current or prospective provider for whom criminal history records are requested by a Governmental Qualified Entity (QE). QEs provide care, treatment, education, training, instruction, supervision, recreation, care placement services, or license/certify others who provide care to vulnerable populations (children, the elderly, or individuals with disabilities).

Requesting QE Information:

Table with 2 columns: Field Name, Value. Rows include QE Name (KILLINGLY PUBLIC SCHOOLS), QE Address (79 WESTFIELD AVENUE, PO BOX 210, DANIELSON CT 06239), and QE Telephone Number (860-779-6795).

I am a current or prospective (check one): \_\_\_ Employee X Volunteer \_\_\_ Contractor/Vendor \_\_\_ Owner/Operator

I have been convicted of or pled guilty to a crime. \_\_\_ No \_\_\_ Yes

If yes, please provide a description of the crime and the particulars of the conviction on the back of this waiver.

I hereby authorize the requesting QE to submit a set of my fingerprints to the Connecticut State Police Bureau of Identification (SPBI) and Federal Bureau of Investigation (FBI) for the purpose of accessing and reviewing state and national criminal history records that may pertain to me. I further understand the following:

- My fingerprints will be used to check the criminal history records of the SPBI and the FBI;
• I can receive a state criminal history record from the SPBI and a national criminal history record from the FBI pursuant to Title 28, Code of Federal Regulations, §16.30-16.34;
• I am entitled to challenge the accuracy and completeness of any information contained in such records;
• The QE may choose to deny me unsupervised access to persons to whom the QE provides care until the criminal history record check is completed; and
• I may obtain a prompt determination as to the validity of my challenge before a final decision is made.

By signing this Waiver, it is my intent to authorize the dissemination of any state or national criminal history record which may pertain to me, to the requesting QE. I have read and understood the foregoing and the information provided is true and accurate to the best of my knowledge and belief.

\*Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_ \*Address: \_\_\_\_\_

\*as it appears on a valid identification document issued by a governmental agency

NOTE: The original waiver must be retained by the QE for at least one year of fingerprint submission date. A copy of the waiver must be sent to the State Police Bureau of Identification, Criminal Records Units, at 1111 Country Club Road, Middletown, CT 06547.

# KPS Student Teacher Technology Use

As a student teacher with Killingly Public Schools, your cooperating teacher and/or building principal may deem it necessary for you to be issued a KPS device and email. If this is to happen, a System Change Request (SCR) will need to be submitted and you will need to adhere to the Technology Agreement below.

## Technology Agreement:

As a guest of the Killingly Board of Education, I agree to abide by Sections 4118.5 and 4218.5 of the Killingly Board of Education Policy regarding Acceptable Technology Use. Knowing this, I may be issued a user account and email to use for educational purposes during my time in the district and will abide by Section 4118.4 of the Killingly Board of Education Policy regarding Electronic Mail. (Policies are attached).

If I am issued a computing device by the Killingly Public Schools IT Department, I understand and agree that the device is not to be used as a personal device, but as an educational tool, for the duration of my time at Killingly Public Schools. The serial number of the device issued will be recorded. I am responsible for the daily maintenance and continued functionality of the device while it is issued to me, in accordance with Board of Education Policy 4118.5/4218.5 Regulation titled: Guidelines for use of Killingly Public Schools Computer Resources. I am required to return the device in working order following the end of my time with Killingly Public Schools. Failure to return the device will result in fines, and/or a police report being filed.

## Acceptance of Technology Agreement:

I have read the above Technology Agreement and attached policies regarding Acceptable Technology Use and Electronic Email and will adhere to the conditions and terms of the agreement and policies should I be issued a KPS device and email.

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **Personnel - Certified-Non-Certified**

### **POLICY REGARDING EMPLOYEE USE OF**

### **THE DISTRICT'S COMPUTER SYSTEMS AND ELECTRONIC COMMUNICATIONS**

Computers, computer networks, electronic devices, Internet access, and e-mail are effective and important technological resources. The Board of Education provides computers, a computer network, including Internet access and an e-mail system, and other electronic devices that access the network such as wireless and/or portable electronic hand-held equipment that can be used for word processing, wireless Internet access, image capture and recording, sound recording, information transmitting and/or receiving, storing, etc. (including, but not limited to, personal laptops, Smartphones, network access devices, Kindles, Nooks, cellular telephones, radios, walkmen, CD players, I-Pads or other tablet computers, walkie-talkies, Blackberries, personal data assistants, I-Phones, Androids and other electronic signaling devices), (referred to collectively as "the computer systems"), in order to enhance both the educational opportunities for our students and the business operations of the district.

These computer systems are business and educational tools. As such, they are made available to Board employees for business and education related uses. The Administration shall develop regulations setting forth procedures to be used by the Administration in an effort to ensure that such computer systems are used for appropriate business and education related purposes.

The system administrator and others managing the computer systems may access email or monitor activity on the computer system or electronic devices accessing the computer systems at any time and for any reason or no reason. Typical examples include when there is reason to suspect inappropriate conduct or there is a problem with the computer systems needing correction. Further, the system administrator and others managing the computer systems can access or monitor activity on the systems despite the use of passwords by individual users, and can bypass such passwords. In addition, review of emails, messages or information stored on the computer systems, which can be forensically retrieved, includes those messages and/or electronic data sent, posted and/or retrieved using social networking sites, including, but not limited to, Twitter, Facebook, LinkedIn, YouTube, and MySpace.

Incidental personal use of the computer systems may be permitted solely for the purpose of e-mail transmissions and access to the Internet on a limited, occasional basis. Such incidental personal use of the computer systems, however, is subject to all rules, including monitoring of all such use, as the Superintendent may establish through regulation. Moreover, any such incidental personal use shall not interfere in any manner with work responsibilities.

**Users should not have any expectation of personal privacy in the use of the computer system or other electronic devices that access the computer system. Use of the computer system represents an employee's acknowledgement that the employee has read and understands this policy and any applicable regulations in their entirety, including the provisions regarding monitoring and review of computer activity.**

Legal References:

Conn. Gen. Stat. § [31](#)-48d

Conn. Gen. Stat. §§ [53a](#)-182; [53a](#)-183; [53a](#)-250

Electronic Communication Privacy Act, 28 U.S.C. §§ 2510 through 2520

## **POLCY ADOPTED: JUNE 5, 2013**

### **Personnel - Certified/Non-Certified**

#### **Rights, Responsibilities and Duties**

##### **Electronic Mail**

Electronic mail is an electronic message that is transmitted between two or more computers or electronic terminals, whether or not the message is converted to hard copy format after receipt and whether or not the message is viewed upon transmission or stored for later retrieval. Electronic mail includes all electronic messages that are transmitted through a local, regional, or global computer network.

All district electronic mail systems are owned by the district and are intended for the purpose of conducting official district business only. District electronic mail systems are not generally intended for personal use by employees of the district and employees should have no expectation of privacy when using the electronic mail systems.

Users of district E-mail systems are responsible for their appropriate use. All illegal and improper uses of the electronic mail system, including but not limited to pornography, obscenity, harassment, solicitation, gambling and violating copyright or intellectual property rights are prohibited. Use of the electronic mail system for which the district will incur an expense without expressed permission of an administrator is prohibited.

Electronic messages are not generally for private or confidential matters. Because there is no guarantee of privacy or confidentiality, other avenues of communication should be used for such matters. Except for directory information, student records will not be transmitted by electronic mail. Care should be taken when forwarding an electronic mail message. If the sender of an electronic mail message does not intend for the mail to be forwarded, the sender should clearly mark the message "Do Not Forward".

In order to keep district electronic mail systems secure, users may not leave the terminal "signed on" when unattended and may not leave their password available in an obvious place near the terminal or share their password with anyone except the electronic mail system administrator. The district reserves the right to bypass individual passwords at any time and to monitor the use of such systems by employees.

The district retains the right to review, store and disclose all information sent over the district electronic mail systems for any legally permissible reason, including but not limited to determining whether the information is a public record, whether it contains information discoverable in litigation and to access district information in the employee's absence.

Except as provided herein, district employees are prohibited from accessing another employee's electronic mail without the expressed consent of the employee. All district employees should be aware that electronic mail messages can be retrieved even if they have been deleted and that statements made in electronic mail communications can form the basis of various legal claims against the individual author or the district.

Electronic mail sent or received by the Board, the district or the district's employees may be considered a public record subject to public disclosure or inspection. All Board and district electronic mail communications may be monitored.

District employees will be subject to disciplinary action for violation of this policy.

The Superintendent will ensure that all district employees have notice of this policy and that each district employee is given an acknowledgment form to sign stating they have received and read the policy. The form will be maintained in the employee's personnel file.



*Note:* It is recommended that each employee acknowledge in writing, receiving and reading the policy. Notice is essential to defending a claim of invasion of privacy. The notice should be documented in the employee's personnel file.

(cf. [5125](#) - Student records)

Legal Reference: Connecticut General Statutes

The Freedom of Information Act

PA 98-142 An Act Requiring Notice to Employees of Electronic Monitoring by employees

**Policy adopted: May 12, 2004**