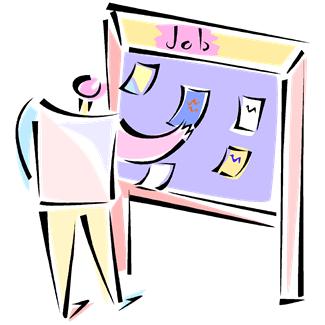
**Internship Program**

**Faulkton High School**

****

**Nikki Melius, Internship Coordinator**

**1114 Court Street PO BOX 308**

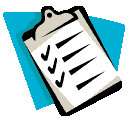
**Faulkton, South Dakota 57438**

**605-598-6266 ext. 218**

[**Nikki.Melius@k12.sd.us**](mailto:Nikki.Melius@k12.sd.us)

**Mr. Craig Cassens, HS Principal** [**Craig.Cassens@k12.sd.us**](mailto:Craig.Cassens@k12.sd.us)

**Mr. Derek Barrios, Superintendent** [**Derek.Barrious@k12.sd.us**](mailto:Derek.Barrious@k12.sd.us)

INTERNSHIP DOCUMENTATION FILE

STUDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INTERNSHIP LOCATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SEMESTER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CREDIT VALUE: \_\_\_\_\_\_\_\_\_\_

Include Dates For All Documentation!

|  |  |  |  |
| --- | --- | --- | --- |
| Student Application |  |  |  |
| Student Contract |  |  |  |
| Employer Letter |  |  |  |
| Employer Contract |  |  |  |
| Confidentiality Form |  |  |  |
| Driver’s License Verification |  |  |  |
| Competency #1 |  |  |  |
| Competency #2 |  |  |  |
| Job Site Competency |  |  |  |
| Mid-term Reflection |  |  |  |
| Time Verification |  |  |  |
| Thank You Letter |  |  |  |
| Employer Grade |  |  |  |
| Multi-media Presentation |  |  |  |
| Final Grade |  |  |  |

Credit Authorization Form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FAULKTON AREA SCHOOLS 24-4**

**Internship Course Description & Rationale**

The Internship course provides an opportunity to link school and work on a continuous spectrum by bringing together all the stockholders in our community. The purpose of this capstone course is to allow students an extensive experience in a workplace environment that can possibly enhance their personal future in both the avenues of post-secondary education and a future career choice. The core of the youth internship approach includes a change in the way students are taught by focusing on real-world application. We expect this experience to provide our students with the opportunity to connect and network with professionals in not only our community, but across the state and region as well.

Having the workplace become the classroom and hands-on learning environment will challenge students to perform higher academic skills. They must meet industry standards. The expectations of skill-based standards will help them to compete with other potential job candidates. The purpose of this program is to give junior and senior students an opportunity to expand their experiences and expertise in the career cluster of their choice.

Every effort will be made by the coordinator to match the student’s abilities and interests to a specified training site. The teacher-coordinator will consult with the site supervisor regarding training plans and evaluation of the student’s progress. Any complaints will be made to the teacher-coordinator and any necessary adjustment will be made through the cooperation of the student, teacher-coordinator, and training site supervisor.

The student, parent, site supervisor, teacher-coordinator, and principal will sign contracts which are binding to all parties. The student is to receive a variety of experiences while working at the training site. The student will work up to the agreed number of hours and on the agreed upon days of the week. The student will take the regularly scheduled school vacations.

# The student is responsible for his/her own conduct and attendance while in training. If he/she is unable to report to the training site, it is up to the student to let the supervisor and teacher-coordinator know that he/she will be unable to be at work that day. The time missed is expected to be made up at a later date agreed upon by the student and training site supervisor. The training site is to treat the student just as they would an employee as far as tardiness and absences are concerned. Since this is to be a practical experience for the student, the training site has the privilege of personal interviews about work performance, absences, etc. The student will follow the dress code established by the training site. If specific uniforms are required, the site must work with the student to see that they meet the necessary dress code.

# **Faulkton Area School District**

# **Internship Program Application**

Last Updated 8-2013

**This is an agreement between the student, his/her parent(s), his/her school, and Faulkton Area Schools 24-4 to participate in an internship program. This form must be typed.**

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Application Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_ Birth Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parents/Guardian: Mother \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone: \_(M)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(F)\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Internship Preference: Circle all that apply: Summer Fall Spring**

**Career Course Enrollment Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Cumulative GPA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Expected Graduation Date: ­­\_\_\_\_\_\_\_\_\_\_\_**

**Work Experience/Skills:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Previous Employer** | **Dates** | **Skills & Competency** | **Reference** |
|  |  |  |  |
|  |  |  |  |

**List any relevant certificates, licenses, or registrations you possess, or specialized classes you have taken. Include expiration dates. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student’s Career Goals:**

|  |  |  |
| --- | --- | --- |
| **Post-secondary Institution** | **Date of Enrollment** | **Acceptance (circle one)**  **YES NO** |

**Tasks that make up the “Ideal Job”:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Skills & Achievements:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Preferred Employer (if one):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Website or Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Internship Coordinator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Administrator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# **Faulkotn area school district**

# **Internship Contract – Student**

**Last Updated August 2013**

**This is an agreement between the student, his/her parent(s), his/her employer, and Faulkton Area School District to participate in an Internship program. This form must be typed.**

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Application Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_ Birth Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parents/Guardian: Mother \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Credit option: \_\_\_ .5 credit (90 hours work) \_\_\_ 1.0 credit (180 hours work) (FHS Maximum=1.5 credit hours)**

**Employer’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mentor’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employer’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student agrees to the following:**

* **Student will conduct him/herself in such a manner that will reflect positively upon the student and the school.**
* **Student will report to work when agreed to and on-time and work as assigned.**
* **Student will dress appropriately and safely for the work place.**
* **Student will follow instructions, conform to the employer’s rules and regulations, and avoid unsafe acts at the workplace.**
* **Student will complete a mid-term paper after 40 hours are worked. This. will be submitted to the school coordinator.**
* **Student will meet with the Internship Coordinator for a mid-term progress conference (after mid-term paper has been completed).**
* **Student will complete a final paper as stated in requirements.**
* **Student will not sever employment with his/her employer without the knowledge and consent of the employer and the Internship Coordinator.**
* **Student will complete a minimum of 90 hours of work to receive .5 elective credit or a minimum 180 hours of work to receive 1 elective credit.**
* **Student and parent understand that transportation to/from the workplace and any liability are their responsibility.**
* **The liability of the student while on site will be the responsibility of the school or site, as per determined in the employer contract.**

**Student signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Internship Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School Administrator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# **faulkton area school District**

# **Internship Contract - Employer**

**Updated 2016**

**This is an agreement between the student, his/her school, his/her employer and Faulkton Area School District 24-4 participating in an internship program. Please type.**

**Student name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Application Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date: \_\_\_\_\_\_\_\_\_\_\_**

**­­­­Credit option: \_\_\_ .5 credit (90 hours work) \_\_\_ 1 credit (180 hours work) \_\_\_\_\_1.5 credit (270 hours work)**

**Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Internship Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Type of work student will do:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**List of workplace competencies: On File Will be developed during the course of the Internship**

**Employer’s Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mentor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mentor’s Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mentor’s Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mentor’s Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employer agrees to the following:**

* **We will provide a safe work place.**
* **We will provide the necessary training for the student, assign work, and monitor what the student learns.**
* **We will report hours worked (weekly, bi-weekly or monthly). Email:** [**Nikki.Melius@k12.sd.us**](mailto:Nikki.Melius@k12.sd.us)
* **We will notify the Internship Coordinator of any attendance or performance issues or anything that may result in termination of the student’s employment.**
* **We will complete a student evaluation form (every nine weeks) and turn in timesheets each month.**
* **We will complete a competency form describing what the student knows and can do as a result of the internship.**
* **We will give feedback to the student on his/her final presentation.**

**INSURANCE: Please select one:**

**We understand that this experience is part of the school curriculum. Because of this, the student is covered under the Faulkton Area School District 24-4 insurance policy while on the site and is their liability. We will provide coverage for the student under workman’s compensation and general liability only IF/WHEN this becomes a paid position.**

**We accept the insurance responsibility and liability for this student during this Internship experience. The student will be covered by our company policy and is our liability throughout the Internship experience.**

**Mentor’ signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Authorized Company Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Internship Coordinator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# **Faulkotn area school district**

# **Internship Contract – Student**

Last Updated August 2016

This is an agreement between the student, his/her parent(s), his/her employer, and Faulkton Area School District to participate in an Internship program. This form must be typed.

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Application Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_\_

Parents/Guardian: Mother \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell:\_\_\_\_\_\_\_\_\_\_ Father \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell:\_\_\_\_\_\_\_

**Credit option: \_\_\_ .5 credit (90 hours work) \_\_\_ 1.0 credit (180 hours work) \_\_\_\_ 1.5 credit (270 hours work)**

Employer’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mentor’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student agrees to the following:

* Student will conduct him/herself in such a manner that will reflect positively upon the student and the school.
* Student will report to work when agreed to and on-time and work as assigned.
* Student will dress appropriately and safely for the work place.
* Student will follow instructions, conform to the employer’s rules and regulations, and avoid unsafe acts at the workplace.
* Student will complete a mid-term paper after 40 hours are worked.
* Student will meet with the Internship Coordinator for a mid-term progress conference (after mid-term paper has been completed).
* Student will complete a final paper as stated in requirements.
* Student will not sever employment with his/her employer without the knowledge and consent of the employer and the Internship Coordinator.
* Student will complete a minimum of **90 hours** of work to receive .5 elective credit or a minimum **180 hours of work** to receive 1 elective credit. **MAXIMUM CREDIT 1.5 = 270 hours**
* Student will complete a final paper and presentation as stated in the course outlines and grading rubric.
* Student and parent understand that transportation to/from the workplace and any liability associated with such are their responsibility.

Student signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Internship Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Administrator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Transportation & Insurance Verification Updated 2015**

A copy of current automobile insurance and a valid driver’s licence must be on file in the need that the student will leave the school premises any time for internship purposes. This must be authorized by a parent with a signature and date of release.

Photocopy and attach to this form….

Driver’s License

Automobile Proof of Insurance

**REQUEST TO PARTICIPATE IN INTERNSHIP AWAY FROM THE SCHOOL BUILDING**

**AND STATEMENT TO HOLD SCHOOL DISTRICT HARMLESS**

The undersigned parent/legal guardian requests that their child participate in the Faulkton School Internship Program. If/when the program requires off campus training or work experience the below identified student will use their personal vehicle for transportation. The parent/legal guardian states that:

The student driver has a valid driver’s licence.

The student will abide by school policy.

The vehicle is insured.

Furthermore, the undersigned hereby releases and agrees to hold harmless the Faulkton School District from any claim or injury that may be suffered as a result of participation in the program.

Name of student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/legal guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Based on the foregoing, the Faulkton School District hereby grants permission for the above named student to participate in the Internship program.

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MCj03124740000[1]Competency Evaluation Form

Internship Course – Faulkton Area High School

Updated 2012

**Directions:** Evaluate the student by checking the appropriate number to indicate the degree of competency. The rating for each task should reflect employability readiness rather than a grade given in class.

**Rating Scale:** 3 = Mastery level

Can perform independently with no supervision

2 = Requires supervision

Can perform task completely with supervision

1 = Not mastered

Performs tasks with specific instruction and supervision

0 = No exposure

No experience or knowledge in this area

Professionalism

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 3 | 2 | 1 | 0 | Competency |
|  |  |  |  | Follows attendance policy |
|  |  |  |  | Dresses appropriately |
|  |  |  |  | Practices appropriate business ethics |
|  |  |  |  | Practices confidentiality |
|  |  |  |  | Establishes pleasant rapport with staff |
|  |  |  |  | Acts in professional manner |
|  |  |  |  | Demonstrates pleasant, courteous manner with customers |
|  |  |  |  | Demonstrates positive attitude |

Workplace

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 3 | 2 | 1 | 0 | Competency |
|  |  |  |  | Performs tasks on training plan |
|  |  |  |  | Demonstrates safety procedures |
|  |  |  |  | Maintains appropriate records |
|  |  |  |  | Follows supervisor's instructions |
|  |  |  |  | Uses time wisely |
|  |  |  |  | Demonstrates math, reading and writing skills |
|  |  |  |  | Follows company policies |

General

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 3 | 2 | 1 | 0 | Competency |  |
|  |  |  |  | Demonstrates excellent communication & interpersonal skills |  |
|  |  |  |  | Uses appropriate language & mannerisms for respective job site |  |
|  |  |  |  | Demonstrates proper telephone etiquette |  |
|  |  |  |  | Appropriate use of office equipment (computer, copier, etc.) |  |
|  |  |  |  | Demonstrates responsibility |  |
|  |  |  |  | Displays self-motivation in completing tasks |  |
|  |  |  |  | Willingness to learn |  |
|  |  |  |  | Accepts & applies constructive criticism & compliments |  |
|  |  |  |  | Applies technology to tasks |  |
|  |  |  |  | Demonstrates appropriate written communication & documentation skills |  |
|  |  |  |  | Works well with others in team situations |  |
|  |  |  |  | Identifies work to be done |  |
|  |  |  |  | Asks for assistance when needed |  |
|  |  |  |  | Displays preparedness |  |
|  |  |  |  | Demonstrates punctuality |  |
|  |  |  |  | Works with minimal supervision |  |

Job Specific

\*\* A separate list of workplace competencies will be developed for each site. The competencies will be coordinated and developed by the supervising site manager and high school internship coordinator.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 3 | 2 | 1 | 0 | Competency |
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**Internship Meet and Greet Expectations**

1. **Prepare your ‘employee’ file.**

**\*\*Refer to the checklist for required documentation.**

**\*\*Understand the documents, what you must have completed when returned and deadlines.**

**\*\*Verification procedures for time spent at the workplace.**

1. **Update and print your personal resume and a cover letter SPECIFIC to the internship for which you are applying.**
2. **Schedule an appropriate time with your prospective Internship site for a face to face conversation. \*\*This is different for every business. Some treat it exactly like an employee interview. Some treat it like a professional discussion. Be prepared for anything!**
3. **Provide Mrs. Melius with your necessary insurance and verification form BEFORE you go to the ‘Meet and Greet’ session.**
4. **Return all files and documentation to Mrs. Melius. ALL MEET AND GREET SESSIONS MUST BE COMPLETED BY AUGUST 31ST.**

**Internship Mid-term Grade**

Student writes mid-term paper after 45 hours of work have been completed.

* 1. Minimum of 250 words in length
  2. Typed in 12 point font and double-spaced
  3. Content should include the following items:
     1. What student learned so far from the internship experience.
     2. How student applied what was learned in high school courses to the job.
     3. Career training skills that have been utilized.
     4. How employer trained student.

**\*\* Attached to this paper, must be a hard-copy of the employer evaluation tool and a list of on-site competencies.**

WORKPLACE GRADING SCALE

A = advancement

B = bonus

C = continued

D = demotion

F = fired

Employers will be asked to provide one grade for each of the nine weeks as well as a final grade. Their recommendation will be based on the scale provided above. Additional input, such as workplace skills, classroom expectations, and final presentation will be calculated into your final grade.

**Faulkton Area Schools Internship Final Project**

**Presentation Guidelines**

**Objective:** Develop a tangible product to share your internship experience with prospective students and your employer/internship site.

* **General Guidelines**
* Large, easy-to-read font
* Outline – not paragraph - form
* Be specific
* Bullets are preferred over paragraphs
* Use proper English & good spelling
* **Cover Page**
* Name
* Internship Site & CTE Relationship
* Dates of Internship & Intern Schedule
* **Career Objective (**can be early or late in presentation)
* Ideal job/career
* Post-secondary plans
* Post-secondary courses / relation to Internship
* **Internship Experience (2-10 slides)**
* Employer
* Business or Industry of Employer
* Position you held/Duties & tasks you did
* CTE Career Cluster
* Co-workers and/or supervision
* Note hours worked
* Duties completed as listed on competency form
* **Occupational Competencies**
* List skills needed to be successful in internship career choice
* Greatest challenges
* Biggest learning “curve” / something you learned about yourself
* **Most Important Thing You Learned from the Experience**
* What was/were the most important thing(s) you learned from this experience? For example, if you had not done the internship, you never would have known….
* **Summary**
* Can you answer the question “Should I continue to pursue this career?”
* **Dress for Presentation**
* Professional attire – No jeans
* No gum!
* **Internship Site**
* Coordinator approval
* Appropriate photos, information, etc.

DATE

Dear Internship Mentors,

As each intern nears the completion of their contact hours I would like to begin by thanking you for allowing them to enter your business and experience the day to day activities. It has proven to be a very valuable learning environment and one that my students have greatly enjoyed. I hope that you feel this has been a worthwhile endeavor for your business as well.

As coordinator for the internship program at Faulkton School, I need your input to help determine a grade for each student. The grade you assign will be weighted at 60% of the student’s semester grade. The other 40% is based on assignments required by me during the internship experience.

I am enclosing the competency evaluation form. Please complete this form based on employability readiness for the student. If you have provided for me your specific job competencies I am also including this for your completion. If you have not developed guidelines for assessment for your student I am asking that you write up an evaluation tool and comment on the student’s specific job accountabilities. Finally, I am asking for a final grade for your intern. The grade you assign is your valid opinion. As you may not have an educational training background, it may be easier for you to relate it strictly to the employment world. Consider all of the employability skills you expect from your employees. Use the following scale as a basis to determine the appropriate grade.

A: Advancement: Shows strong leadership, initiative, and responsibility, extremely accurate in work, highly dependable, excellent interpersonal skills.

B: Bonus: Able to provide leadership with guidance, show initiative and responsibility, work is above average in accuracy, dependable, above-average interpersonal skills.

1. Continued employment: Work skills are considered average; sometimes shows initiative, but more often completes just the “basics,” accuracy needs improvement sometimes; interpersonal skills are average.
2. Demotion: Initiative, dependability, and responsibility are poor, accuracy in work consistently needs improvement, interpersonal skills are often lacking.
3. Fired

\_\_\_\_\_ Enclosed is the “Competency Evaluation Form”

\_\_\_\_\_ Enclosed is a completed evaluation form specific to my place of business.

I would like to assign \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the grade of \_\_\_\_\_\_\_\_\_\_\_\_\_ for the internship portion of the grade.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Signature Date

Thank you again for your dedication to this program. Please return this form to Nikki Melius.Thank you for your prompt response and I hope to work with you again in the future.

Sincerely,

Nikki Melius

Internship Coordinator

Faulkton High School

**Internship Credit Authorization**

Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security/SIMs Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Internship Business Partner \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mentor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mid-term\_\_\_ Final\_\_\_ Presentation\_\_\_ Evaluation\_\_\_

Business Authorization \_\_\_\_\_\_\_\_\_ Webpage Submission \_\_\_\_\_\_\_\_

Hours Worked \_\_\_\_\_ Credits Earned \_\_\_\_\_\_\_\_\_

Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| |  | | --- | | **Multimedia Project : Internship Final**  Student Name:     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| CATEGORY | **4** | **3** | **2** | **1** |
| **Presentation** | Well-rehearsed with smooth delivery that holds audience attention. | Rehearsed with fairly smooth delivery that holds audience attention most of the time. | Delivery not smooth, but able to maintain interest of the audience most of the time. | Delivery not smooth and audience attention often lost. |
| **Sources** | Source information collected for all graphics, facts and quotes. All documented in desired format. | Source information collected for all graphics, facts and quotes. Most documented in desired format. | Source information collected for graphics, facts and quotes, but not documented in desired format. | Very little or no source information was collected. |
| **Permissions** | Verification from employer has been received and is appropriate for posting to the school webpage. |  |  | Permissions were not requested or received before the oral presentation was given. |
| **Attractiveness** | Makes excellent use of font, color, graphics, effects, etc. to enhance the presentation. | Makes good use of font, color, graphics, effects, etc. to enhance to presentation. | Makes use of font, color, graphics, effects, etc. but occasionally these detract from the presentation content. | Use of font, color, graphics, effects etc. but these often distract from the presentation content. |
| **Requirements** | All requirements are met and exceeded. | All requirements are met. | One requirement was not completely met. | More than one requirement was not completely met. |
| **Mechanics** | No misspellings or grammatical errors. | Three or fewer misspellings and/or mechanical errors. | Four misspellings and/or grammatical errors. | More than 4 errors in spelling or grammar. |
| **Content** | Covers topic in-depth with details and examples. Subject knowledge is excellent. | Includes essential knowledge about the topic. Subject knowledge appears to be good. | Includes essential information about the topic but there are 1-2 factual errors. | Content is minimal OR there are several factual errors. |
| **Organization** | Content is well organized using headings or bulleted lists to group related material. | Uses headings or bulleted lists to organize, but the overall organization of topics appears flawed. | Content is logically organized for the most part. | There was no clear or logical organizational structure, just lots of facts. |
| **Oral Presentation** | Interesting, well-rehearsed with smooth delivery that holds audience attention. | Relatively interesting, rehearsed with a fairly smooth delivery that usually holds audience attention. | Delivery not smooth, but able to hold audience attention most of the time. | Delivery not smooth and audience attention lost. |
| **Originality** | Product shows a large amount of original thought. Ideas are creative and inventive. | Product shows some original thought. Work shows new ideas and insights. | Uses other people's ideas (giving them credit), but there is little evidence of original thinking. | Uses other people's ideas, but does not give them credit. |

**TOTAL SCORE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**